

Doc # 2006163260
Page 1 of 5
Date: 10/09/2006 11:03A
Filed by: BRENDA DALKE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$36.00

AFTER RECORDING MAIL TO:

Name Brenda K Dalke
Address PO Box 204
City/State N. Bonneville, Wa 98639

Document Title(s): (or transactions contained therein)

1. Affidavit Lack of Probate
2. Death certificate
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. the Dalke, Warren D
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Dalke, Brenda K.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

LOT 4 ARIA OAKS, according to the record
whereof records in B B of plat, page 114, Records
of Skamania County Washington

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

02-07-21-0-0-1006-00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



Gary H. Martin, Skamania County Assessor
Date 10/9/06 Parcel # 2-7-21-1006

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

Mrenda K Dalke, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of Warren
D. Dalke, who died 4-22 2006, at North Bonneville
Washington, then being a legal resident of North Bonneville
Skamania, Washington
(county) (state) (city)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☒ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in _____ County, State of _____. A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

Mrenda K Dalke 51 wife N. Bonneville, Wa
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

<u>Rachel E. Delke</u>	<u>24</u>	<u>daughter</u>	<u>N. Bonaville, Wa</u>
(full name)	(age)	(relationship)	(residence)
<u>Rebeka E. Delke</u>	<u>22</u>	<u>daughter</u>	<u>N. Bonaville, Wa</u>
(full name)	(age)	(relationship)	(residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:

n/a

5. The decedent [] had ☒ had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
6. As of the date of death, the value of all community property of the decedent was approximately \$ 205,000. The value of all separate property of the decedent was approximately \$ 0.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Brenda K. Dalke
Affiant's Full Name

10/6/06
Date

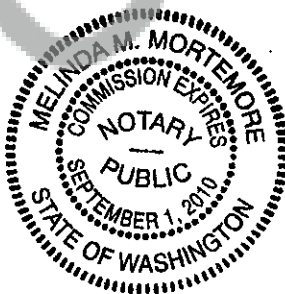
Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Clark } ss.

On this day personally appeared before me Brenda K. Dalke to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 6th day of Oct, 2006



Melinda M. Mortimore
Notary Public in and for the State of
Washington, residing at Vancouver
My appointment expires 9-1-2010

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D2		18		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Warren Dan Dalke						2. Death Date 4-22-2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 53	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]		6. County of Death Skamania	
7. Birthdate 3-20-1953		8a. Birthplace (City, Town, or County) Omaha		8b. (State or Foreign Country) Nebraska		9. Decedent's Education Associate In Arts Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 1039 E Cascade Drive						13b. City or Town North Bonneville	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98639	
14. Estimated length of time at residence. 15 Months		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Brenda Pogue			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Sanitation Engineer				18. Kind of Business/Industry (Do not use Company Name) Sanitation Industry			
19. Father's Name (First, Middle, Last, Suffix) Dan U. Dalke				20. Mother's Name Before First Marriage (First, Middle, Last) Edna E. Franz			
21. Informant's Name Brenda Dalke		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1039 E Cascade Drive North Bonneville WA 98639			
24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home							
25. Facility Name (If not a facility, give number & street or location) 1039 E Cascade Drive				26a. City, Town, or Location of Death North Bonneville		26b. State WA	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lower Columbia Crematory		30. Location-City/Town, and State Vancouver, Washington			
31. Name and Complete Address of Funeral Facility Brown's Funeral Home Inc. 410 NE Garfield Street Camas, WA 98607						32. Date of Disposition 4-28-2006	
33. Funeral Director Signature X <i>[Signature]</i>							
34. Cause of Death (See instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial Infarction Due to (or as a consequence of): hours Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____ c. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____ d. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____						46. Describe how injury occurred 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - On the basis of personal knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mark Wozniak MD 12607 SE Mill Plain Blvd, Vancouver WA 98684						50. Hour of Death (24hrs) 2246	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) 4/24/06	
53. Title of Certifier MD		54. License Number MD32082		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>						58. Date Received (MM/DD/YYYY) 4/26/06	
59. Amendments							

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DOH-01-003 (5/99)