

WHEN RECORDED RETURN TO:
Edith Gale Ivers
202 Jason Dr.
Owens Cross Roads, AL 35763

CCT 00142508 TB
DOCUMENT TITLE(S):
Lack of Probate Affidavit and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
1. Thomas Raymond Ivers, Jr.

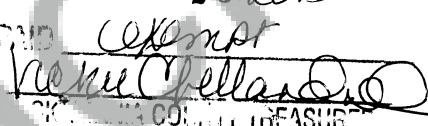
GRANTEE:
1. Edith Gale Ivers

TRUSTEE:

ABBREVIATED LEGAL DESCRIPTION:
Lot(s) 2, of SP3-132

Full Legal Description located on Page _____

TAX PARCEL NUMBER(S):
02 05 32 2 0 0308 00 

REAL ESTATE EXCISE TAX
30020
APR 23 2013
DND 
CLARK COUNTY TREASURER

☐ If this box is checked, then the following applies:
I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature



1400 Washington St., Suite 100
P.O. Box 1308 • Vancouver, WA 98660
Telephone (360) 694-4722 • Fax (360) 694-4734 • www.clarkcountytittle.com

Escrow No.: 00142508 TB

Lack of Probate Affidavit

YOU ARE ADVISED TO SEEK INDEPENDENT LEGAL COUNSEL PRIOR TO COMPLETING THIS AFFIDAVIT. CLARK COUNTY TITLE CANNOT GIVE LEGAL ADVICE.

I, (We) EDITH GALE IVERS (person(s) completing affidavit) declare under penalty of perjury under the laws of the State of Washington that the following is true and correct:

Decedent's name: THOMAS RAYMOND IVERS JR.

I (We) am (are) the lawful (CIRCLE ONE) surviving spouse, surviving child(ren), other (If other, identify relation: _____) of the above-named decedent. Decedent died on

Nov. 13, 2005 (date), at WASHOUGAL WA (City, State) within the County of SKAMANIA. At the time of his or her death, decedent was a resident of WASHOUGAL WA (City, State), County of SKAMANIA. A copy of the Death Certificate (Required in all cases) is attached hereto.

I (We) have listed below (if necessary, use reverse side or additional pages) each and every heir at law of decedent, including, but not limited to children, adopted children, and the issue of any predeceased child or adopted child. (If decedent left no surviving children, affiant has listed below all of the surviving parents, brothers and sisters of decedent):

Check box if heir is a minor child

1. ☒ NAME AND RELATIONSHIP: EDITH GALE IVERS SPOUSE
ADDRESS: 211 SKYE RD, WASHOUGAL, WA 98671
2. ☒ NAME AND RELATIONSHIP: ERIN MARGARET IVERS-HOLMAN
ADDRESS: PHOENIX, AZ
3. ☐ NAME AND RELATIONSHIP: _____
ADDRESS: _____
4. ☐ NAME AND RELATIONSHIP: _____
ADDRESS: _____
5. ☐ NAME AND RELATIONSHIP: _____
ADDRESS: _____

I personally know that each and all of the obligations of the estate of the decedent have been paid in full (including, but not limited to: all debts of decedent; all expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; state and federal taxes due), EXCEPT AS FOLLOWS (Use reverse side or attach list) (If none, write "None"):

CHECK ALL THAT APPLY:

- ☐ Decedent left no will;
- ☒ Decedent left a will, a copy of which is attached;
- ☒ Decedent's estate is not being probated;
- ☐ Decedent's estate is being probated in _____ County, State of _____, under Case No. _____;
- ☐ Decedent executed a community property agreement (copy attached), which was recorded in _____ County, or the original of which will be provided for recording in this transaction.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death		State File Number	
D-2 47					
1. Legal Name (Last, First, Middle, Last)				2. Death Date	
Thomas Raymond Ivers Jr				Nov. 13, 2005	
3. Sex (M/F)		4a. Age - Last Birthday		5. Social Security Number	
Male		61		[REDACTED]	
6. Birth Date		7a. Birthplace (City, Town, or County)		8. Decedent's Education	
April 14, 1944		Brattleboro Vermont		Some College, but no degree	
9. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				10. Decedent's Race(s)	
No				White	
11. Was Decedent born in U.S. Armed Forces? (Yes or No)				12. Was Decedent born in U.S. Armed Forces? (Yes or No)	
No				No	
13a. Residence Number and Street (e.g., 884 NE 9th St.) (Include Apt. No.)				13b. City or Town	
211 Skye Rd.				Washougal	
13c. Residence County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	
Skamania				WA	
13f. Zip Code + 4		13g. Inside City Limits?		13h. Inside City Limits?	
98671		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time of residence		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
11 Years		Married		Edith Gale	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use company name))				18. Kind of Business/Industry (Do not use company name)	
Owner/Operator				Writer/Consultant	
19. Father's Name (First, Middle, Last)				20. Mother's Name Before First Marriage (First, Middle, Last)	
Thomas Raymond Ivers				Norma Elizabeth Clark	
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address	
Edith G. Ivers		Wife		211 Skye Rd. Washougal WA 98671	
24. Place of Death: If Death Occurred in a Hospital				25. Place of Death: If Death Occurred Somewhere Other Than a Hospital	
				Decedent's Residence	
26. Facility Name of not a facility, give number & street or location				27. City, Town, or Location of Death	
211 Skye Road				Washougal	
28a. State				28b. State	
WA				WA	
29. Method of Disposition				30. Place of Final Disposition (Name of cemetery, crematory, other place)	
Removal from State				Anatomy Gifts Registry	
31. Name and Complete Address of Funeral Facility				32. Location - City, Town, and State	
Vancouver Funeral Home 110 E. 12th St. Vancouver, WA 98660				Hanover, Maryland	
33. Funeral Director Signature				34. Date of Disposition	
[Signature]				11/17/2006	
35. Enter the cause of death - 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) - Non-Hodgkin's Lymphoma					
Interval between Cause & Death: 6 years					
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					
36. Other contributory conditions contributing to death but not resulting in the underlying cause given above					
37. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
39. Manner of Death					
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending					
40. If female					
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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					
41. Date of Injury (month/year)					
42. Hour of Injury (day)					
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)					
44. Location of Injury - Surface & Street					
45. City or Town					
46. County					
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					
48b. Name and Address of Certifier - Physician, Medical Examiner or Coroner					
Stephen Kallick MD 505 N.E. 87th Ave. Ste 350 Vancouver, WA 98660					
49. Hour of Death (24hr)					
1235					
50. Date Signed (month/year)					
11/14/05					
51. Title of Certifier					
MD					
52. License Number					
3					
53. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
54. Date Received (month/year)					
11/21/05					





Affidavit for Correction

This is a legal Document. Complete in Ink and do not alter.

Check for Health Statistics
#33-000-0100
Toll-free 1-800-537-0000
Fax 206-462-0000

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record	2. Date of Event	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is incorrect or incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. As there may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit.
Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the child themselves (if 18 or older) may change the birth certificate.
 - The proof must match exactly the requested true facts. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
 - Proof must be for (or more) years old or have been established within two years of birth.
 - Up to age one, the parents or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
 - Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
 - This affidavit cannot be used in addition to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

- Death Certificates:**
- Only the informant, the funeral director, or executor (attorney-in-fact) (if evidence confirming such position is presented) may change the non-medical information.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 - If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- Marriage/Dissolution (Divorce) Certificates:**
- Personal history (minor spelling changes in name, date or place of birth or residence) may be changed.
 - To change the date or place of marriage or dissolution, the official marriage or clerk of court (dissolution) must be contacted.

CERTIFIED


NOV 21 2005

Arth Denny M.D.
Health Officer
Skamania Co. Health Dept.

MM00349617

EXHIBIT "A"

**Lot 2 of SUSAN CLARK SHORT PLATS, recorded in Book "3" of SHORT PLATS, page 132,
records of Skamania County, Washington.**

Skamania County Assessor
Date 4-22-13 Parcel# 2-5-32-2-308


Unofficial
Copy