

WHEN RECORDED RETURN TO:

WILLIAM A. SHELTON
 P.O. Box 767
 CARLSON, WA 98610

DOCUMENT TITLE(S)
 DECLARATION OF CONSTRUCTION OF PROBATE
 DEATH CERTIFICATE

REFERENCE NUMBER(S) of Documents assigned or released:

REAL ESTATE EXCISE TAX
 30144

Additional numbers on page ____ of document.

GRANTOR(S):
 WENDY S. SHELTON

JUN 26 2013
 PAID Wendy Shelton
 SKAMANIA COUNTY TREASURER

Additional names on page ____ of document.

GRANTEE(S):
 WILLIAM D. SHELTON

Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
 LOT 23, COLUMBIA HEIGHTS, BOOK A OF PLATS, PAGE 136
 IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON

Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):
 3-8-29-4-1-5000 DN

Skamania County Assessor
 Date 6-26-13 Parcel 3-8-29-4-1-5000
DN

Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

SKAMANIA COUNTY
ORIGINAL FILED

JUN 25 2013

SHARON K. VANCE, CLERK

SUPERIOR COURT OF WASHINGTON
FOR SKAMANIA COUNTY

Estate of

WENDY J. SHELTON,

Deceased.

NO. 13-4-00004-0

DECLARATION OF
COMPLETION OF PROBATE
(Without Will; Distribution Completed)
(RCW 11.68.110(1))

In accordance with RCW 9A.72.085, I declare under penalty of perjury under the laws of the State of Washington that the following is true and correct to the best of my knowledge:

1. **Personal Representative.** I am the Personal Representative of Decedent's estate.
2. **Decedent.** Decedent died intestate on November 18, 2012, was then a resident of Skamania County, Washington, and left property in this state subject to probate.
3. **No Will.** No valid *Will* of Decedent has been found.
4. **Creditor's Claims.** Each *Creditor's Claim* that was justly due and properly presented as required by law has been paid or otherwise disposed of by agreement with the creditor.
5. **Estate Taxes.** The amount of all U.S. and Washington estate tax due as a result of Decedent's death has been determined, settled, and paid.
6. **Administration Completed.** I have completed the administration of Decedent's estate and done so without Court intervention. The estate is ready to be closed and its assets distributed to its heirs.

Declaration of Completion of Probate
RCW 11.68.110(1) & 11.68.112
Page 1 of 2

William D. Shelton
P.O. Box 767, Carson, WA 98610
509-427-9599

7. **Fees.** The fees paid or to be paid to each of the following are as follows:

- (a) Personal Representative \$ 0.00
- (b) Attorneys \$ 0.00
- (c) Appraisers \$ 0.00
- (d) Accountants \$ 0.00

I believe these fees are reasonable and do not intend to obtain Court approval for their amount or to submit an estate accounting to the Court for approval.

8. **Heirs.** The name, address, and relationship of each heir of Decedent, together with his or her distributive share, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Share</u>
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There are no heirs.

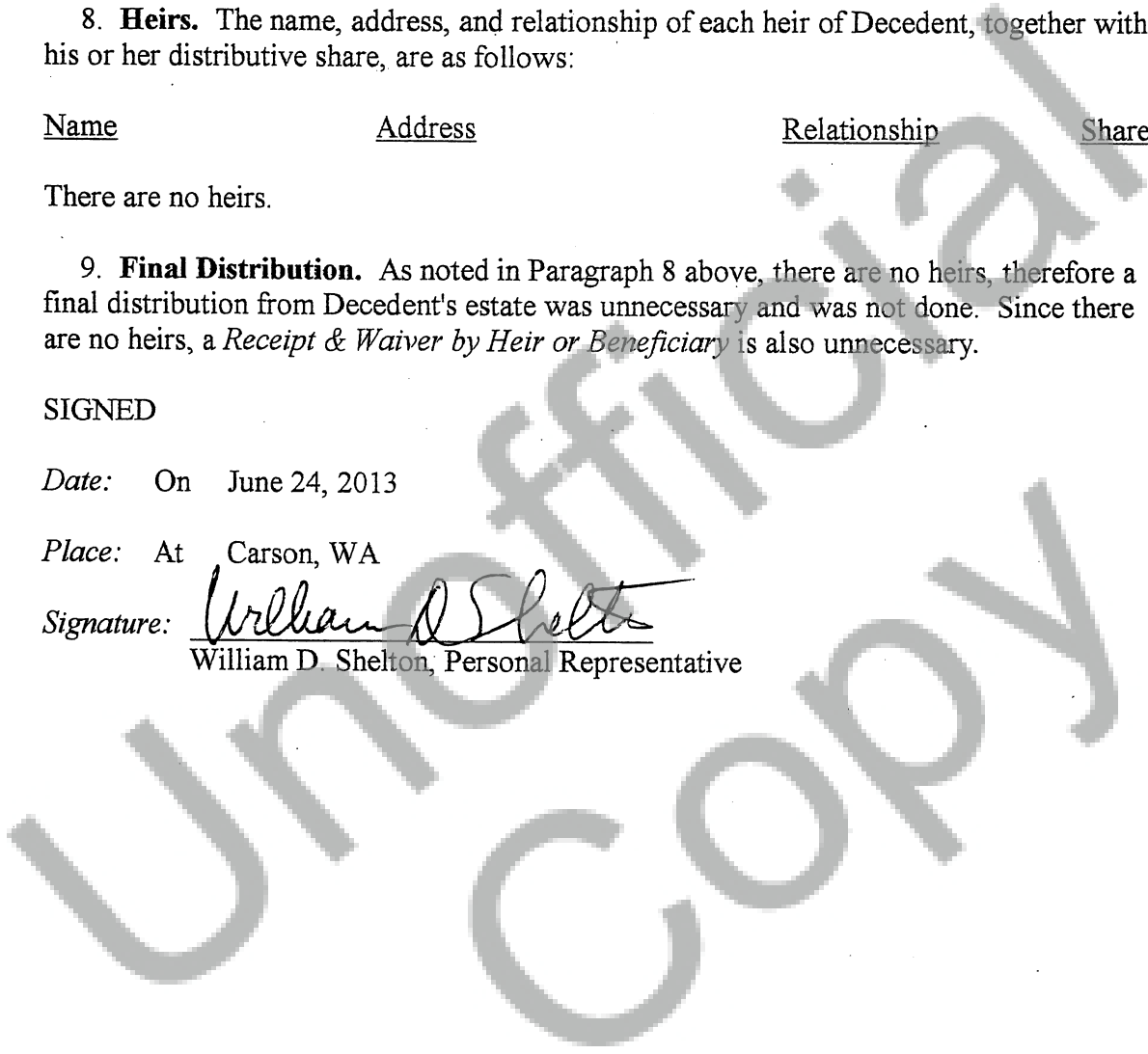
9. **Final Distribution.** As noted in Paragraph 8 above, there are no heirs, therefore a final distribution from Decedent's estate was unnecessary and was not done. Since there are no heirs, a *Receipt & Waiver by Heir or Beneficiary* is also unnecessary.

SIGNED

Date: On June 24, 2013

Place: At Carson, WA

Signature: 
 William D. Shelton, Personal Representative



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: _____ Washington State Certificate of Death State File Number: _____

1. Legal Name (include AKA's if any) First Middle LAST Suffix Wendy Jo SHELTON 2. Death Date Nov. 18, 2012

3. Sex (M/F) Female 4a. Age - Last Birthday 55 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number [Redacted] 6. County of Death Skamania

7. Birthdate March 11, 1957 8a. Birthplace (City, Town, or County) Owosso 8b. (State or Foreign Country) Michigan 9. Decedent's Education Some College; No 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? No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 382 Columbia 13b. City or Town Carson

13c. Residence: County Skamania 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country Washington 13f. Zip Code + 4 98610 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. 3 Years 15. Marital Status at Time of Death Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) William Shelton

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Homemaker 18. Kind of Business/Industry (Do not use Company Name) Own Home

19. Father's Name (First, Middle, Last, Suffix) Lyman Hollis Wiser 20. Mother's Name Before First Marriage (First, Middle, Last) Patricia Ann Samples

21. Informant's Name William Shelton 22. Relationship to Decedent Husband 23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 767 Carson, WA 98610

24. Place of Death, if Death Occurred in a Hospital: _____ 25. Facility Name (if not a facility, give number & street or location) 382 Columbia 26a. City, Town, or Location of Death Carson 26b. State WA 27. Zip Code 98610

28. Method of Disposition Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory 30. Location-City/Town, and State White Salmon, Washington

31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672 32. Date of Disposition Nov. 28, 2012

33. Funeral Director Signature X *[Signature]*

34. 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) → *Cerebral aneurysm* Interval between Onset & Death ~ 5-6 months

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

35. Other significant conditions contributing to death but not resulting in the underlying cause given above _____

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Accident Suicide Homicide Undetermined Pending 39. If female Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? No Yes Probably 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? Yes No Unk

45. Location of Injury: Number & Street _____ Apt No. _____ City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____

46. Describe how injury occurred _____ 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify) _____

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X *[Signature]* 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. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Katalin Wolford 222 NE Park Plaza Dr. Ste. 100 Vancouver, WA 98684 50. Hour of Death (24hrs) 1212

51. Name and Title of Attending Physician if other than Certifier (Type or Print) _____ 52. Date Signed (MM/DD/YYYY) 11/26/2012

53. Title of Certifier MD 54. License Number MD 00036919 55. ME/Coroner File Number _____ 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature X *[Signature]* 58. Date Received (MM/DD/YYYY) 11/27/2012

59. Amendments _____

DOH/CHS 003 Rev 07/01/01 01-003 (6/10)