AFN #2013001602 Recorded 07/25/2013 at 03:24 PM DocType: MISC Filed by:
COLUMBIA GORGE TITLE Page: 1 of 4 Auditor Timothy O. Todd Skamania County, WA

AFTER RECORDING MAIL TO:

Name Columbia Gorge Title

Address

City / State

S13-0237

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

1. Affidavit
2.
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

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

1. Brockman, Robert Ernest
2. Worel, Charlotte June
3. Zumwalt, Patricia June
4.
5. ☐ Additional names on page _____ of document

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

1. The Public
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)

☐ Complete legal description is on page _____ of document

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

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.*

AFFIDAVIT
(Lack of Probate)

State of Washington

County of Clark

Robert E Brockman, being first duly sworn, deposes and says:

The undersigned Affiant is the husband(relationship to decedent) of Ann M Brockman (Decedent), who died *Jan. 5, 2010 at *North Bonneville (City), *Skamania (County), * Wa. (State).

Note: A certified copy of the Death Certificate must be attached.

(V) Decedent left no last Will; or

( ) Decedent left a last Will which has not been probated, and a true copy of which is attached hereto, and the same was never revoked; or

( ) Decedent left a last Will which was probated in _____ County, State of _____, and an authenticated Distribution is attached hereto.

The heirs at law of decedent, and their ages, relationship to decedent, and current address are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

Heirs at Law:

Full Name	Age	Relationship	Complete Address
Robert Ernest Brockman	87	Husband	(Physical) 111 Highway 197 Dallesport, Wa. Space #53 (mailing) P.O. Box 871 White Salmon, Wa. 98672
Charlotte June Worel	69	daughter	1435 Sioux Los Alamos, N.M. 87544
Patricia Joyce Zumwalt	66	[redacted]daughter	(Physical)- 111 Highway 197- Dallesport, Wa. Space # 49 (mailing) P.O. Box 871 White Salmon, Wa. 98672

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

The decedent ( ) has

(√) has never received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past.

As of the date of death, the value of all community property of decedent was approximately $*, and the value of the separate property was approximately $*.

This affidavit is made to induce Stewart Title Guaranty Company to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth.

Note: A request to insure may be required from an attorney, and deeds may be required from heirs or devisees of the decedent.

Dated: 7/24/13

Robert E Brockman
Affiant's Full Name

PO Box 871 White Salmon
Address WA 98672

Phone Number

State of Washington

ss.

County of Clark

I certify that I know or have satisfactory evidence that Robert E Brockman is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: July 29, 2013

Notary name printed or typed: Wendi Jacobs
Notary Public in and for the State of WA
Residing at Chelan
My appointment expires: 4/19/17

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Part 1 - Completed by Funeral Director

1. Legal Name (First, Middle, Last, Suffix)					Death Date	
Ann	M	BROCKMAN			Jan. 5, 2010	
2. Sex (M/F)	3. Age - Last Birthday	3a. Under 1 Year Months	Days	3b. Under 1 Day Hours	Minutes	4. County of Death
Female	86				[redacted]	Skamania
5. Birthdate	6a. Birthplace (City, Town, or County)	6b. (State or Foreign Country)		7. Decedent's Education		
Nov. 10, 1923	Miles City	Montana		High School Graduate		
8. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify		9. Decedent's Race(s)			10. Was Decedent ever in U.S. Armed Forces?	
No		White			No	

11a. Residence: Number and Street (e.g., 824 SE 6th St.) (Include Apt. No.)			11b. City or Town	
416 Columbia			North Bonneville	
11c. Residence: County	11d. Tribal Reservation Name (If applicable)	11e. State or Foreign Country	11f. Zip Code + 4	11g. Inside City Limits?
Skamania		Washington	98639	☒ Yes ☐ No ☐ Unk
12. Estimated length of time at residence	13. Marital Status at Time of Death	14. Surviving Spouse's Name (Give name prior to first marriage)		
32 Years	Married	Robert Ernest Brockman		
15. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED)		16. Kind of Business/Industry (Do not use Company Name)		
Homemaker		Own Home		
17. Father's Name (First, Middle, Last, Suffix)		18. Mother's Name Before First Marriage (First, Middle, Last)		
David H. Hedvall				
19. Informant's Name	20. Relationship to Decedent	21. Mailing Address (Number and Street or RFD No., City or Town, State, Zip)		
Robert Brockman	Husband	PO Box 367 North Bonneville, WA 98639		

22. Place of Death, If Death Occurred in a Hospital:		Place of Death, If Death Occurred Somewhere Other than a Hospital:		
		Decedent's Residence		
23. Facility Name (If not a facility, give number & street or location)		24a. City, Town, or Location of Death	24b. State	24c. Zip Code
416 Columbia		North Bonneville	WA	98639
25. Method of Disposition	26. Place of Final Disposition (Name of cemetery, crematory, other place)	27. Location (City/Town and State)		
Burial	Old Carson Cemetery	Carson, Washington		
28. Name and Complete Address of Funeral Facility		29. Date of Disposition		
Gardner Funeral Home PO Box 390 White Salmon, WA 98672		JAN 12, 2010		
30. Funeral Director Signature				
X [signature]				

Cause of Death (See instructions and examples)

31. 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. Congestive Heart Failure	Interval between Onset & Death: 2 years
	Due to (or as a consequence of):	Interval between Onset & Death
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.	Interval between Onset & Death
	Due to (or as a consequence of):	Interval between Onset & Death
	c.	Interval between Onset & Death
	Due to (or as a consequence of):	Interval between Onset & Death
	d.	

32. Other significant conditions contributing to death but not resulting in the underlying cause given above	33. Autopsy?	34. Were autopsy findings available to complete the Cause of Death?
Atrial Fibrillation, Anemia, GI bleed	☐ Yes ☒ No	☐ Yes ☐ No

35. Manner of Death	36. If female	37. Did tobacco use contribute to death?	
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ 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	☐ Yes ☐ Probably ☒ No ☐ Unknown	
38. Date of Injury (MM/DD/YYYY)	39. Hour of Injury (24hrs)	40. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	41. Injury at Work? ☐ Yes ☐ No ☐ Unk
42. Location of Injury: Number & Street			Apt No
City or Town:	County:	State:	Zip Code + 4:
43. Describe how injury occurred		44. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)	

45a. 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	45b. 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 [signature]		
46. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		47. Hour of Death (24hrs)
Troy Witherrite PO Box 1519 White Salmon, WA 98672		0300
48. Name and Title of Attending Physician if other than Certifier (Type or Print)		49. Date Signed (MM/DD/YYYY)
		1/5/2010
50. Title of Certifier	51. License Number	52. Medical Examiner/Coroner File Number
MD	020459	
53. Registrar Signature		54. Date Received by Registrar
X [signature]		1/20/2010
55. Amendments		

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL