**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.

First American Title Insurance Company

(this space for title company use only)

**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. 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.*

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# 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.**

(✓) 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.

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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 WA 98672
Address

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 Camas
My appointment expires: 4/19/17

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# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

Part 1 - Completed by Funeral Director

1. Legal Name (Name at Birth) First: Ann Middle: M. Last: BROCKMAN Suffix: Death Date: Jan. 9, 2010

2. Sex (M/F): Female 3. Age - Last Birthday: 86 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes [redacted] 6. County of Death: Skamania

7. Birthdate: Nov. 10, 1923 8a. Birthplace (City, Town, or County): Miles City 8b. (State or Foreign Country): Montana 9. Decedent's Education: High School Graduate

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., 824 SE 6th St.) (Include Apt. No.): 416 Columbia 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 13g. Inside City Limits? XXX Yes ☐ No ☐ Unk

14. Estimated length of time at residence: 32 Years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's Name (Give name prior to first marriage): Robert Ernest Brockman

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): David H. Hedvall 20. Mother's Name Before First Marriage (First, Middle, Last):

21. Informant's Name: Robert Brockman 22. Relationship to Decedent: Husband 23. Mailing Address (Number and Street or RFD No., City or Town, State, Zip): PO Box 367 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 Residence

25. Facility Name (If not a facility, give number & street or location): 416 Columbia 26a. City, Town, or Location of Death: North Bonneville 26b. State: WA 27. Zip Code: 98639

28. Method of Disposition: Burial 29. Place of Final Disposition (Name of cemetery, crematory, other place): Old Carson Cemetery 30. Location (City/Town and State): Carson, Washington

31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672 32. Date of Disposition: Jan 12 2010

33. Funeral Director Signature: X [signature]

Cause of Death (See instructions and examples)

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) → a. Congestive Heart Failure — Interval between Onset & Death: 2 years

Due to (or as a consequence of):

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.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Atrial Fibrillation, Anemia, GI bleeding

36. Autopsy? ☐ Yes ☒ No

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

38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ 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? ☐ Yes ☐ Probably ☒ No ☐ 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.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Troy Witherrite PO Box 1519 White Salmon, WA 98672

50. Hour of Death (24hrs): 0300

51. Name and Title of Attending Physician if other than Certifier (Type or Print):

52. Date Signed (MM/DD/YYYY): 1/12/10

53. Title of Certifier: MD

54. License Number: 00046591

55. Coroner File Number:

56. Was case referred to ME/Coroner? ☐ Yes ☐ No

57. Registrar Signature: X [signature]

58. Date Received by Registrar: 01/20/2010

59. Amendments:

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