

RECORDING REQUESTED BY  
AND WHEN RECORDED RETURN TO:

JOHN R. BRISCOE, Attorney at Law  
900 Washington Street, Suite 820  
Vancouver, WA 98660

REAL ESTATE TAX

30236

AUG 14, 2013

AFFIDAVIT PAID EXEMPT  
(LACK OF PROBATE) Judith J. Davis Deputy  
CLERK OF COUNTY TREASURER

Grantor (Decedent): ROBERT LEE WATSON  
Grantee: The Public  
Abbreviated Legal: LOT 1 ROBERT WATSON SP BK 3/PG 368  
Assessor's Tax Parcel #: 03082900050100  
Other Reference Nos:

Skamania County Assessor  
Date 8-14-13 Parcel 3-8-29-0-0-501  
ym

STATE OF WASHINGTON )  
: ss.  
County of Skamania )

WILLAVERE B. WATSON, being first duly sworn, on oath, deposes and states:

THAT affiant is the lawful surviving spouse of ROBERT LEE WATSON, who died on December 12, 2012, in Skamania County, Washington then being a resident of the State of Washington. A certified copy of the death certificate is attached hereto as **Exhibit A**.  
THAT among Decedent's items of property was real estate described as follows:

A Tract of Land located in Section 29, Township 3 North, Range 8 East of the W.R., described as follows:  
The East half of the Southwest quarter of the Southwest quarter of the Northeast quarter, and that portion of the East half of the Northwest quarter of the Northwest quarter of the Southeast quarter, lying Northerly of Wind River Highway. Also to be known as Lot 2 of Beaudry Short Plat recorded in Book 2 of Short Plats.  
Situate in the County of Skamania, State of Washington.

AFFIDAVIT OF LACK OF PROBATE - 1  
WATSON, Willavere/D Affidavit Lack of Probate

PABST HOLLAND & REYNOLDS, PLLC  
ATTORNEYS AT LAW  
900 Washington Street, Suite 820  
Vancouver, Washington 98660  
(360) 693-1910 • (503) 222-9201

SUBJECT TO covenants, conditions, restrictions, reservations, easements and agreements of record, if any.

THAT affiant has hereinbelow identified each and all of the heirs at law of Decedent, including but not limited to surviving spouse, children, adopted children and the issue of any predeceased child or adopted child (if Decedent left no surviving children, then affiants have listed below all of the surviving parents, brothers and sisters of the Decedent).

THAT the heirs at law of Decedent are:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO DECEDENT</u>
Willavere B. Watson	L	Surviving Spouse
Kristine D. Watson	L	Daughter
Vincent B. Watson	L	Son

THAT affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of said Decedent (including but not limited to: all the debts of Decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full or provided for.

THAT a diligent search for a Will has been conducted and no will has been found, therefore, Decedent died intestate. The above reference property was the community property of the Decedent and his spouse. Pursuant to RCW 11.04.015(1)(a) the surviving spouse shall receive all of the decedent's share of the community estate. The Decedent's children have consented to this Affidavit and their consents are attached hereto.

THAT this Affidavit is made solely to clear title to the real property described herein to WILLAVERE B. WATSON.

DATED: 5-28, 2013.

Willavere B. Watson  
WILLAVERE B. WATSON  
351 Wind River Road  
Carson, WA 98610

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CONSENT TO AFFIDAVIT OF LACK OF PROBATE

I, KRISTINE D. WATSON, am the daughter of ROBERT LEE WATSON, and hereby consent to the transfer of the described property to WILLAVERE B. WATSON. I acknowledge that the described property was the community property of ROBERT LEE WATSON and WILLAVERE B. WATSON.

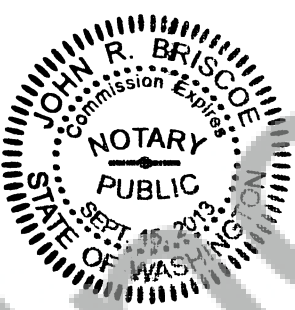
DATED: 5-28, 2013.

Kristine D. Watson  
KRISTINE D. WATSON

STATE OF WASHINGTON )  
County of Clark ) ss.

I certify that KRISTINE D. WATSON appeared personally before me and that I know or have satisfactory evidence that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 28th day of May, 2013.



[Signature]  
NOTARY PUBLIC FOR WASHINGTON  
My Commission Expires: 9-15-2013





DOH/CHS-003 Rev 07/2008 DOH 01-003 (6/10)



Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 236-4300

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

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
The Record now shows:		The True fact is:		
6.		7.		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify) Telephone Number:				
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. <b>All changes must be established by documentary proof submitted with the affidavit</b> Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.				
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted true fact(s). 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.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) 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.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b>				
Death Certificates:				
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. 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:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

CERTIFIED

JAN 08 2013

Alan Melnick  
Health Officer  
Skamania Co. Public Health

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