

Return Address:

Mary K. Becker
P.O. Box 1019
Carson, WA 98610

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32202
NOV - 2 2016

PAID EXEMPT
Sherry Plumb Deputy
SKAMANIA COUNTY TREASURER

AFFIDAVIT (LACK OF PROBATE)

, being first duly sworn, deposes and says:

Notary

The undersigned affiant/grantee William F. Wilkins ^{50%} is a rightful heir, as listed on
Affiant/Grantee
heirs at law, to the real property described below, and is son Relationship to decedent
of Robert L Becker ^{50%}, who died on Feb 14, 2010 Date
Decedent/Grantor
at Carson Skamania Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 3, Evergreen Valley short
plat no. 2,
see attached

Assessor's Property Tax Parcel/Account Number: 03082041050000 
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of _____)

Dated: Nov. 2, 2016Affiant's full name
Mary K. Becker for Robert L. Becker, deceasedTelephone number
509-427-4042Address
112 Newport DriveCity
CarsonStreet
WA
StateZip Code
98610Signature
Mary K. BeckerDate
11/2/2016State of Washington County of SkamaniaI know or have satisfactory evidence that Mary K. Becker
(name of person)

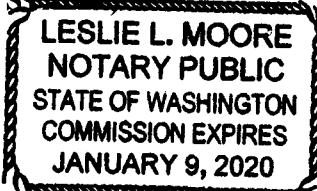
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/2/2016Leslie L. Moore

Signature of Notary Public

(SEAL OR

STAMP)

Residing at: CarsonNotary Public in and for the State of WashingtonMy appointment expires: 1/9/2020

Lot 3, Evergreen Valley short plat No. 2, as recorded in book 3, page 194 of short plats, book 3 of short plats, recorded June 10th, 1991, situate in Section 20, Township 3 North, Range 8 East, W.M.

Subject to and together with all:

- 1) Easements for roadway and utilities as shown on the recorded short plat.
- 2) Private road agreement, including terms and provisions thereof, recorded June 10, 1991 in Book 3, Page 194, Auditors File #111364, Skamania County Auditors Records.

Skamania County Assessor
Date 11-2-16 Parcel# 3-8-20-4-1-500

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1. Legal Name (include AKA's, if any) First	Middle	LAST	Suffix	2. Death Date
Robert	Lawrence	BECKER		Feb. 14, 2010
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months	4c. Under 1 Day Hours	5. Social Security Number
Male	88			
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education	
March 15, 1921	Garfield	Washington	Doctorate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces? Yes		
No	White			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)	13b. City or Town			
112 Newport Drive	Carson			
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98610	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)		
17 Years	Married	Mary Karyn Wolverton		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))	18. Kind of Business/Industry (Do not use Company Name)			
Medical Doctor	Medicine			
19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)			
Alvin C. Becker	Beatrice Jones			
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State Zip
Kay Becker	Wife	PO Box 1019	Carson	WA 98610
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)	26a. City, Town, or Location of Death	26b. State	27. Zip Code	
112 Newport Drive	Carson	WA	98610	
28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State		
Burial	Wind River Memorial Cemetery	Carson, Washington		
31. Name and Complete Address of Funeral Facility	32. Date of Disposition			
Gardner Funeral Home PO Box 390 White Salmon, Washington 98672	Feb. 26, 2010			
33. Funeral Director Signature X	<i>JK</i>			
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. <u>Pneumonia</u> Due to (or as a consequence of): <u>2 wks</u> Interval between Onset & Death				
b. <u>cardiovascular disease</u> Due to (or as a consequence of): <u>10 yr</u> Interval between Onset & Death				
c. Due to (or as a consequence of): <u></u> Interval between Onset & Death				
d. <u></u> Due to (or as a consequence of): <u></u> Interval between Onset & Death				
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				
36. Autopsy?			37. Were autopsy findings available to complete the Cause of Death?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death	39. If female	40. Did tobacco use contribute to death?		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide	<input type="checkbox"/> Not pregnant within past year	<input type="checkbox"/> Yes <input type="checkbox"/> Probably		
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined	<input type="checkbox"/> Pregnant at time of death	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending	<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			
41. Date of Injury (MMDDYYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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. <i>X</i>				
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. <i>X</i>				
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Ryan Petersen 1151 May Street Hood River, Oregon 97031				
50. Hour of Death (24hrs) 2350				
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				
52. Date Signed (MMDDYYYY) 2/18/2010				
53. Title of Certifier <i>MD</i>	54. License Number <i>MD2459</i>	55. ME/Coroner File Number <i>1589</i>	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>JK</i>				
58. Date Received (MMDDYYYY) 02/25/2010				
59. Amendments				



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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. The incorrect certificate must be returned within <u>one year</u> 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:		Medical Record	School Record	
Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records		Military Record (DD-214) Birth Record Passport	Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)	
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. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
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.				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

FEB 25 2010


 Alan Meinick
 Health Officer
 Skamania Co. Public Health

NN01217606