

Return Address:

Mary K. Becker
PO Box 1019
Carson, WA 98610

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32202
NOV - 2 2016

PAID EXEMPT
Gustav Thuni Deputy
SKAMANIA COUNTY TREASURER

AFFIDAVIT (LACK OF PROBATE)

_____, being first duly sworn, deposes and says:
Notary

The undersigned affiant/grantee William T. 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
Decedent/Grantor Date

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 ^(initials)
(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, 2016

Mary K. Becker for Robert L. Becker, Deceased
Affiant's full name

509-427-4042

Telephone number

112 Newport Drive

Carson
City

WA
Street
State

98610
Zip Code

Mary K. Becker
Signature

11/2/2016
Date

State of Washington County of Skamania

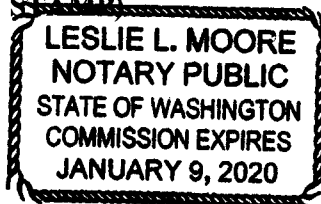
I know or have satisfactory evidence that Mary K. Becker
(name of person)

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: 10/2/2016

Leslie L. Moore
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Carson


Notary Public in and for the State of Washington

My appointment expires: 1/9/2020

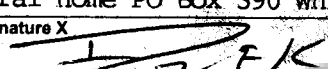
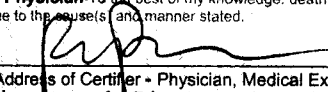
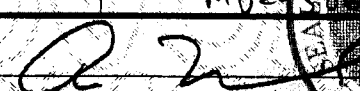
Lot 3, Evergreen Valley short plat No. 2, as recorded in book 3, page 194 of short plats, book 3 of short plats, recorded June 10th, 1991, situate in Section 20, Township 3 North, Range 8 East, W.M.

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 (any) First Middle Last Suffix) Robert Lawrence BECKER				2. Death Date Feb. 14, 2010	
3. Sex (M/F) Male	4a. Age - Last Birthday 88	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate March 15, 1921		8a. Birthplace (City, Town, or County) Garfield		8b. (State or Foreign Country) Washington	9. Decedent's Education Doctorate
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 112 Newport Drive				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
14. Estimated length of time at residence. 17 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Mary Karyn Wolverton	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Medical Doctor			18. Kind of Business/Industry (Do not use Company Name) Medicine		
19. Father's Name (First, Middle, Last, Suffix) Alvin C. Becker			20. Mother's Name Before First Marriage (First, Middle, Last) Beatrice Jones		
21. Informant's Name Kay Becker		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 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) 112 Newport Drive			26a. City, Town, or Location of Death Carson		26b. State WA
27. Zip Code 98610		28. Method of Disposition Burial			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Wind River Memorial 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, Washington 98672					32. Date of Disposition Feb. 26, 2010
33. Funeral Director Signature X 					
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>		Interval between Onset & Death 2 wks	
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. <u>cerebrovascular disease</u>		Interval between Onset & Death 10 yr	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <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. 				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) 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 (MM/DD/YYYY) 2/18/2010	
53. Title of Certifier MD	54. License Number MD24586	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) 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:								
6. The Record now shows:		7. The True fact is:						
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:				
<p>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.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Examples of documentary proof:</td> <td style="width: 33%;">Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records</td> <td style="width: 33%;">Medical Record Military Record (DD-214) Birth Record Passport</td> <td style="width: 33%;">School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)</td> </tr> </table>					Examples of documentary proof:	Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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<p>Birth Certificates:</p> <ol style="list-style-type: none"> Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 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. Proof must be five (or more) years old or have been established within five years of birth. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> - 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. 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). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021) 								
<p>Death Certificates:</p> <ol style="list-style-type: none"> Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes. 								
<p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> 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. 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 Melnick
 Health Officer
 Skamania Co. Public Health

NN01217606