

After recording, return to:
Warren R. Fields

13911 NW 50th Ave
Vancouver, WA
98685

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32282
DEC -7 2016

PAID EXEMPT
Shirley Marie Deputy
SKAMANIA COUNTY TREASURER

Grantor (Name of Decedent): WARREN R. FIELDS

Grantee (Heirs): RICHARD L. FIELDS

Abbreviated Legal Description: _____

Tax Parcel No.(s): 07063400030100 8m 12/7/14

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF CLARK

The undersigned, RICHARD L. FIELDS, executes this affidavit relating to the estate of
WARREN R. FIELDS (herein "Decedent"), who died on 31 JULY 2014,
in the County of CLARK, State of WA, then being a resident of the
City of VANCOUVER, County of CLARK, State of WA.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☐ the lawful surviving spouse of the Decedent
☐ Registered domestic partner of the Decedent
☒ Surviving child of the Decedent
☒ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on 05/11/2011
[mm/dd/yyyy], under Recording No. 201178232, in
SKAMANIA County, Washington.
☐ other (identify): _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
 (continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
 [Use the reverse side or attach a list if necessary]

Name and relationship: RUSSELL H. FIELDS SON

Name and relationship: DIANE M. LUTHI DAUGHTER

Name and relationship: RICHARD L. FIELDS SON

Name and relationship: _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5. Status of the Will (if any)

☒ The decedent left a Will that ~~devises real property.~~

☒ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Richard L. Fields
Richard L. Fields
 Signature

Address: 13911 NW 50th AVE
VANCOUVER, WA 98685

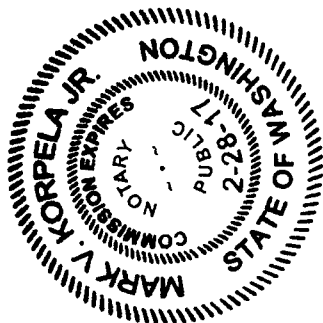
RICHARD L. FIELDS
 Print Name

Phone: 360-574-6176

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 11-28-16 by Richard L. Fields
 (name of person making statement).



Name: Mark V. Korpela Jr.
 Notary Public in and for the State of Washington,
 Residing at: Woodland
 My appointment expires: 2-28-17

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1956**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix WARREN ROBERT FIELDS				2. Death Date 07/31/2014	
3. Sex (M/F) Male	4a. Age - Last Birthday 93	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 Clark
7. Birthdate 10/15/1920	8a. Birthplace (City, Town, or County) Mankato	8b. (State or Foreign Country) Minnesota	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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 13911 NW 50th Avenue				13b. City or Town Vancouver	
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98685	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. Five Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Pilot				18. Kind of Business/Industry (Do not use Company Name) Air Carrier	
19. Father's Name (First, Middle, Last, Suffix) Russell Fields			20. Mother's Name Before First Marriage (First, Middle, Last) Pearl Emmic		
21. Informant's Name Richard L. Fields, Sr.		22. Relationship to Decedent Son	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 13911 NW 50th Avenue, Vancouver, Washington 98685		
24. Place of Death, if Death Occurred in a Hospital: At Residence					
25. Facility Name (If not a facility, give number & street or location) 13911 NW 50th Avenue			26a. City, Town, or Location of Death Vancouver	26b. State WA	27. Zip Code 98685
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lower Columbia Crematory		30. Location-City/Town, and State Vancouver, Washington	
31. Name and Complete Address of Funeral Facility Hamilton-Mylan Funeral Home, Inc., 302 W. 11th St., Vancouver, WA 98660				32. Date of Disposition 08/06/2014	
33. Funeral Director Signature X <i>David R. Miller</i>					
34. Enter the <u>chain of events</u> - 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. Dementia					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Due to (or as a consequence of):		Interval between Onset & Death 1 year	
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. Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes				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"/> Pregnant at time of 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, place, and manner stated. R. L. Fields, D.O.				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) Richard L. Fields, D.O. 8507 South 8th St Ridgefield WA 98642				50. Hour of Death (24hrs) 1810 HRS	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 8/1/14	
53. Title of Certifier D.O.		54. License Number DR 0000000000		55. ME/Coroner File Number	
57. Registrar Signature <i>[Signature]</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendments				58. Date Received (mm/dd/yyyy) AUG 06 2014	

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VA

DOI/CHS 003 March 2012

DOI 01-003 (1/13)

Affidavit for Correction				Center for Health Statistics P.O. Box 47814 Olympia, WA 98544-7814 (360) 256-4300	
This is a legal document. Complete in ink and do not alter.					
STATE OFFICE USE ONLY					
Date of Birth	File Number	Initials	Date	Affidavit Number	
Check the section below for requesting any changes on the record					
Birth		Death		Marriage	
1. Date of Event		3. Place of Event			
2. Date of Event			3. Place of Event		
4. Date of Event			5. Last Known Parent Full Birth Name		
I hereby declare that the foregoing is true and correct, incomplete as follows:					
6. The fact is as follows:			The true fact is:		
7.			8.		
9.			10.		
11.			12.		
13.			14.		
15. Signature		16. Date	17. Address		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.					
We do not accept affidavits from Social Security card or hospital issued as corrective birth certificate as documentary proof.					
Examples of acceptable documentary proof:					
Examples of acceptable documentary proof: - Birth Certificate - Marriage License - Court Order - Hospital Discharge Summary - Social Security Card - Driver's License - Voter's Registration Card (if it bears an effective date) - School Transcripts (official) - Alien Registration (front and back) - Insurance Policy - Property Medical Record					
Birth Certificates 1. Only a parent, legal guardian, or the individual (if 18 or older) may change the birth certificate. 2. The proof(s) must include a certified copy of the document(s) if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary Ann Doe is the correct name. Do not use the name Mary Ann Doe. Child under 18 - Only parent(s) or legal guardian can change the birth certificate. - Guardian must submit to the court a certified copy of the court order. - Birth certificate must be changed within 5 years of the date of birth. - If the first, middle, and/or last name is misspelled, two pieces of documentary proof are required. - To correct parent's birth date, place of birth, or name, one documentary proof is required. - Proof must be five (5) years or younger of the name have been established within five years of birth. Adult (18 years or older) - Only the adult themselves can change the birth certificate. - If the first or middle name is absent, three pieces of documentary proof are required. - If the first, middle, and/or last name is misspelled, two pieces of documentary proof are required. - To correct parent's birth date, place of birth, or name, one documentary proof is required. - Proof must be five (5) years or younger of the name have been established within five years of birth. 3. This affidavit cannot be used to add a father to a birth certificate, use the paternity acknowledgment form (DOH 422-032)					
Non-Medical Information 1. If by the information on the affidavit or evidence (containing such position is presented) may change the non-medical information. This information may be changed by a parent, guardian, or one other than the informant listed on the certificate. Marital status requires a certified copy of a divorce or annulment. If the name is changed, it must be changed within five years of the change. 2. The medical information on the affidavit may be changed only by the certifying physician or the non-certified medical examiner. Marital Status 1. To change the marital status of a person (marriage, divorce, or annulment) may be changed by affidavit (with proof) by the person. 2. To change the marital status of a person (marriage, divorce, or annulment) must sign the affidavit.					

DOH 422-034 April 2013

CERTIFIED**AUG 06 2014**

 Alan Melnick
 Health Officer

Clark County Public Health

ZZ00199666