

WHEN RECORDED RETURN TO:

JoyLynn Woodard
10510 NE 52nd Ct
Vancouver WA 98686

DOCUMENT TITLE(S):
Lack of Probate Affidavit

THE ESTATE OF:
EDWIN CHARLES WOODARD

SKAMANIA COUNTY
REAL ESTATE TAX
32308
DEC 19 2016

DECEDENT:
JoyLynn Woodard

PAID *Exempt*
Gudney P. H. Deputy
SKAMANIA COUNTY ASSESSOR

LEGAL DESCRIPTION:

Lot 29 of the RUSSELL'S MEADOWS SUBDIVISION, according to the recorded Plat thereof, recorded in Book B of Plats, Page 102, in the County of Skamania, State of Washington.

TOGETHER WITH an undivided 1/31 interest in Pond known as Lots 2 and 3 of the RUSSELL'S MEADOWS SUBDIVISION, recorded in Book B of Plats, Page 102, in the County of Skamania, State of Washington

TAX PARCEL NUMBER(S):
03-08-17-2-3-0429-00

Skamania County Assessor
Date 12-19-16 Parcel# 3-8-17-2-3-429
LM

After recording, return to:
Columbia Gorge Title
PO Box 277
Stevenson Wa 98648

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

STATE OF Washington)

SS:

COUNTY OF Skamania)

The undersigned, Jay Lynn Woodard, executes this affidavit relating to the estate of Edwin C. Woodard (herein "Decedent"), who died on 12/16/16, in the County of Multnomah, State of Oregon, then being a resident of the City of Vancouver, County of Clark, State of Washington. (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 the 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 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 _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- ☐ other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

Jay Lynn Woodard

- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]]

Name & relationship Shawna M. Calhoun

Name & relationship _____

Name & relationship _____

Name & 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:

[INSERT either complete legal description, or refer to attachment for full legal description]

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.

DATED: 12/16, 2016

Jaylynn Woodard
(Signature)

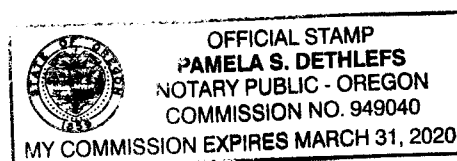
Jaylynn Woodard
(Print or type full name)

10510 NE 52nd Ct.
(Full address and telephone number)
Vancouver, WA 98686 (360) 718-8724

State of Oregon
 County of Multnomah

SUBSCRIBED and SWORN TO before me this 16th day of Dec, 2016,
 by Jaylynn Woodard, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Pamela Dethlefs
 Notary Public in and for the State of Oregon
 residing at Gresham, Oregon



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

779846

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

136-2016-029714

I.D. TAG NO.

CERTIFICATE OF DEATH

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Edwin	Middle Charles	Last Woodard	Suffix	Death Date November 16, 2016	
	Sex Male		Age 74 years		Social Security Number		County of Death Clackamas	
	Birthdate June 01, 1942		Birthplace Portland, Oregon				Was Decedent Ever in U.S. Armed Forces? Yes	
	Residence: 10510 NE 52nd Court				City/Town Vancouver			
	Residence County Clark		State or Foreign Country Washington		Zip Code + 4 98686		Inside City Limits? No	
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage JoyLynn LoSasso					
	Father's Name Edwin Woodard				Mother's Name Prior to First Marriage Mabel Strauss			
	Informant's Name JoyLynn Woodard		Telephone Number Not Available		Relationship to Decedent Spouse		Mailing Address 10510 NE 52nd Court, Vancouver, WA 98686	
	Place of Death Hospital-Inpatient				Facility Name Kaiser Sunnyside Medical Center			
	Location of Death 10180 SE Sunnyside Road				City/Town or Location of Death Clackamas		State Oregon	
	Method of Disposition Removal From State		Place of Disposition Willamette National Cemetery		Location (City/Town and State) Portland, Oregon			
	Name and Complete Address of Funeral Facility Cascadia Cremation & Burial Services 6303 E 18th Street A, Vancouver, Washington 98661							
	Date of Disposition November 16, 2016		Funeral Director's Signature James A Hellen Jr.				OR License Number RR-5522	
	Registrar's Signature Jennifer A. Woodward				Date Received November 19, 2016		Local File Number	
	Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		No		Autopsy?		No	
	Were autopsy findings available to complete the cause of death?						Time of Death 07:44 AM	
	CAUSE OF DEATH						Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE ↓ a. cardiogenic shock						30 minutes	
	Due to (or as a consequence of) ↓ b. post ventricular fibrillation arrest						45 minutes	
	Due to (or as a consequence of) ↓ c. systolic heart failure						years	
	Due to (or as a consequence of) ↓ d. coronary artery disease.						years	
	Other significant conditions contributing to death							
	Manner of Death Natural		If Female Not Applicable				Did tobacco use contribute to death? No	
	Date of Injury		Time of Injury		Place of Injury		Injury at Work?	
	Location of Injury							
	Describe how injury occurred						If transportation injury, specify.	
	Name and Address of Certifier Jonathan Allyn Rettmann 10180 SE Sunnyside Road, Clackamas, Oregon 97015							
	Name and Title of Attending Physician If Other than Certifier						Date Signed November 19, 2016	
	Medical Certifier Jonathan Allyn Rettmann		Electronically Signed		Title of Certifier M.D.		License Number MD21277	
Amendment								



20161123694

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: November 23, 2016

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

