

WHEN RECORDED RETURN TO:

__ Columbia Gorge Title __
__ 41 Russell Ave __
Stevenson WA 98648

DOCUMENT TITLE(S)

Lack of Probate

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

Elizabeth Jane La Rue, Deceased

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

32621
JUN -7 2017

☐ Additional names on page ____ of document.

GRANTEE(S):

Fred La Rue

PAID EXEMPT
William Thomas Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Lots 1-3 & 53-55 WASHOUGAL RIVERSIDE TRACTS BK A/PG 80

☒ Complete legal on page 3 of document.

TAX PARCEL NUMBER(S):

02-05-32-3-0-2602-00 *Im 6-7-17*

☐ Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

After recording, return to:
 Fred J La Rue
 9982 Washougal River RD
 Washougal, WA 98671

612843075
 Grantor (Name of Decedent): Elizabeth Jane LaRue
 Grantee (Heirs): Fredrick LaRue
 Abbreviated Legal Description: 1, 2, 3, 53, 54, 55 Washougal Riverside Tracts
 Tax Parcel No.(s): 02053230260200 Section 32, 31

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

STATE OF Washington

COUNTY OF Skamania

The undersigned, Fredrick LaRue, executes this affidavit relating to the estate of Elizabeth Jane LaRue (herein "Decedent"), who died on December 31, 2015, in the County of Skamania, State of Washington, then being a resident of the City of Washougal, County of Skamania, 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 _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.

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

☐ other (identify:) _____

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: Shannon Krug - Daughter
 Name and relationship: Greg LaRue - Son
 Name and relationship: Jeff LaRue - Son
 Name and relationship: Fred LaRue - husband

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.

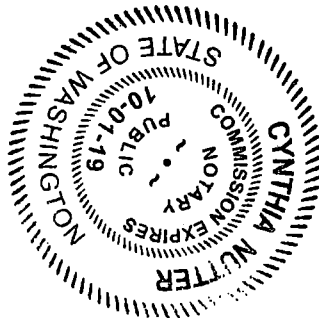
Fred LaRue
 Signature
Fredrick LaRue
 Print Name

6-2-17
 Date

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on June 2, 2017 by
Fredrick LaRue (name of person making statement)



Name: Cynthia Nutter
 Notary Public in and for the State of Washington,
 Residing at: Vancouver
 My appointment expires: 10-1-19

EXHIBIT "A"

Lots 1, 2, 3, 53; 54 and 55 of WASHOUGAL RIVERSIDE TRACTS according to the official plat thereof recorded at Page 80 of Book A of Plats, Records of Skamania County, State of Washington.

EXCEPT that portion thereof lying Northeasterly of the following described line:

Beginning at a point on the Northerly line of the said Lot 53; thence South $43^{\circ} 04'$ West 113 feet from the most Northerly corner of said Lot 53; thence parallel to the Northeasterly line of said Lot 53 Southeasterly through said Lot 53 and thence continuing on the same course to intersection with the South line of Section 32, Township 2 North, Range 5 East of the Willamette Meridian;

AND EXCEPT that portion of said lots lying within the following described tract:

Beginning at a point on the South line of the said Section 32 East 350 feet from the Southwest corner of said Section; thence North at a right angle to said Section line 50 feet; thence West parallel to the South line of said Section 200 feet; thence North 75 feet; thence West parallel to the South lines of said Section 31 and Section 32, Township 2 North, Range 5 East of the Willamette Meridian, to a point on the West line of said Lot 1; thence along the West line of said Lot 1 South 125 feet to the South line of said Section 31; thence East along the South lines of said Sections 31 and 32 to the point of beginning of the tract excepted.

EXCEPT County Roads.

Skamania County Assessor
Date 6-7-17 Parcel# 02-05-32-8-0-2602-00
2m

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST						2. Death Date	
Elizabeth Jane LaRue						2015 75004	
3. Sex (MF)		4a. Age - Last Birthday		4b. Under 1 Year		5. Social Security Number	
Female		67		Months Days		[REDACTED]	
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
May 4, 1948		Camas		Washington		Some College Credit	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				11. Decedent's Race(s)		12. Was Decedent over in U.S. Armed Forces? No	
No				White			
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.)						13b. City or Town	
9982 Washougal River Road						Washougal	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania		N/A		Washington		98671	
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)			
40 Years		Married		Fredrick LaRue			
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)			
Executive Secretary				Paper Mill Industry			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Robert Griffith				Minnie Costello			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Fredrick LaRue		Husband		9982 Washougal River Road Washougal Washington 98671			
24. Place of Death: If Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
				9982 Washougal River Road			
26. City, Town, or Location of Death				26b. State		27. Zip Code	
Washougal				WA		98671	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Columbia River Crematory		White Salmon, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Straub's Funeral Home 325 NE 3rd Avenue Camas, WA 98607						12/31/2015	
33. Funeral Director Signature							
[Signature]							
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. Cardio-pulmonary Arrest							
Due to (or as a consequence of):							
Interval between Onset & Death							
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. Progressive Dementia							
Due to (or as a consequence of):							
Interval between Onset & Death							
c.							
Due to (or as a consequence of):							
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?	
Right Hemiparesis, History of Breast Malignancy						<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 checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		41. Date of Injury (mm/dd/yyyy)	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" 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		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		42. Hour of Injury (24hrs)	
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?		45. Location of Injury: Number & Street		46. City or Town	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				State: Zip Code: 4:	
47. Describe how injury occurred		48. If transportation injury, specify:		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner		50. Hour of Death (24hrs)	
		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		Dr. Katherine Pearson, 291 C Street #110 Washougal, WA 98671		0205 Hours	
49a. 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.						49b. 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 Katherine W. Pearson, DO						51. Name and Title of Attending Physician (if other than Certifier) (Type & Print)	
						52. Date Signed (mm/dd/yyyy)	
						12/31/2015	
53. Title of Certifier		54. License Number		55. M-1 Filer File Number		56. Was case referred to ME/Coroner?	
DO		DP 603052				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (mm/dd/yyyy)	
[Signature]						12/31/2015	
59. Amendment							
Add Aff # 61110 on 1/24/16 #5 Aff # 61110 on 1/24/16							



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record: First Middle Last			2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address: P.O. Box or Street Address City State Zip				
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Telephone Number: ()	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:		16b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

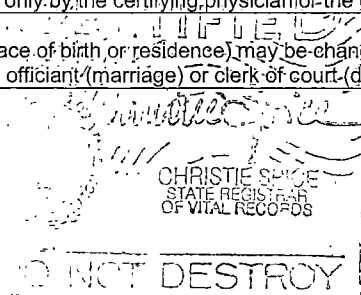
Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



EE00039984