

After recording, return to:

Lisa Ione Andreassen
300 SW 7th Ave Space 85
Battleground WA 98604

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

32638
JUN 21 2017

PAID EXEMPT
Audrey P. Smith Deputy
SKAMANIA COUNTY TREASURER

Grantor (Name of Decedent): Lee D. Miller

Grantee (Heirs): Lisa Ione Andreassen and Vikki Lee Barthlow

Abbreviated Legal Description: Ptn. Sec 19, T1N, R5E. W.M.

Tax Parcel No.(s): 01051900030100

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

STATE OF WA

COUNTY OF Skamania

The undersigned, Lisa Ione Andreassen & Vikki Lee Barthlow, executes this affidavit relating to the estate of
Lee D. Miller (herein "Decedent"), who died on June 3, 2016,
in the County of Clark, State of WA, 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.
☐ 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: _____

Name and relationship: _____

Name and relationship: _____

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.

Lisa Tone Andreassen
 Signature

Lisa Tone Andreassen
 Print Name

Vikki Lee Barthlow
 Signature

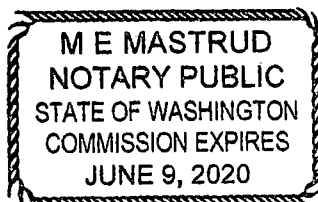
Vikki Lee Barthlow
 Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 6-19, 2017 by Lisa Tone
Andreassen & Vikki Lee (name of person making statement)
Barthlow

Maureen E. Mastrud
 Notary Public in and for the State of Washington,
 Residing at: Vancouver
 My appointment expires: June 9, 2020



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-023607

LOCAL FILE NUMBER: 1522

DATE ISSUED: 06/09/2016

FEE NUMBER: 0000064293

GIVEN NAMES: LEE DUAIN
LAST NAME: MILLER

COUNTY OF DEATH: CLARK
DATE OF DEATH: JUNE 03, 2016
HOUR OF DEATH: 09:32 P.M.
SEX: MALE
AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 21, 1934
BIRTHPLACE: CAMAS, CLARK CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: SUPPLY SGT.
INDUSTRY: UNITED STATES ARMY
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

INFORMANT: VIKKI BARTLOW
RELATIONSHIP: DAUGHTER
ADDRESS: 452 CHARD ROAD GOLDENDALE, WA 98620

CAUSE OF DEATH:
A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 13 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

PLACE OF DEATH: HOSPICE FACILITY
FACILITY OR ADDRESS: RAY HICKEY HOSPICE HOUSE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 391 MARBLE ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671
INSIDE CITY LIMITS? NO

COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER/PARENT: LEE MOORE MILLER
MOTHER/PARENT: DELLA BROMLEY

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WASHOUGAL MEMORIAL CEMETERY
CITY, STATE: WASHOUGAL, WA
DISPOSITION DATE: JUNE 10, 2016

FUNERAL FACILITY: STRAUB'S FUNERAL HOME & COLUMBIA RIVER CREMATION
ADDRESS: 325 NE THIRD AVE
CITY, STATE, ZIP: CAMAS WA 98607
FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: PAUL HELGASON MD
TITLE: PHYSICIAN
CERTIFIER:
ADDRESS: 1601 E 4TH PLAIN BLVD
CITY, STATE, ZIP: VANCOUVER WA 98661
DATE SIGNED: JUNE 07, 2016

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
KATHY RAMAGE
DATE RECEIVED: JUNE 09, 2016



DOH 01003 (10/15)



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 |
|-------------------|------------|----------|------|------------------|

| | | | | | |
|---|---|--|---|--|--------------------------------------|
| 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital | | | | | |

| | | | | | | |
|--|--|--|--|------|-------|-----|
| 7. Return Mailing Address: P.O. Box or Street Address | | | | City | State | Zip |
|--|--|--|--|------|-------|-----|

| | |
|--------------------------|----------------|
| Telephone Number: () | Email Address: |
|--------------------------|----------------|

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

CERTIFIED

JUN 09 2016

Alan Melnick
Health Officer
Clark County Public Health

FF00004294

ORDER NO. S16-0573KM

EXHIBIT "A"

That portion of the North Half of the Northeast Quarter of Section 19, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the North line of said Section 19, 1671.78 feet West of the Northeast corner of said Section 19; thence South 27 feet; thence South $01^{\circ} 44'$ East 50.66 feet; thence South $43^{\circ} 24'$ West 41.39 feet; thence South $21^{\circ} 20'$ West 124.85 feet; thence South $39^{\circ} 25' 30''$ East 25 feet, more or less to a point on a line parallel to and 238.7 feet South of the North line of said Section 19; thence East along said line parallel to the North line of Section 19, 515 feet; thence North parallel to the East line of said Section 19, 238.7 feet, more or less, to the North line of Section 19; thence West along the North line of said Section 19; thence West along the North line of said Section 19, 450 feet, more or less, to the Point of Beginning.

EXCEPT County Roads.

TOGETHER with a Manufactured Home 1982 Fleetwood Brookfield #WAFL2AB42644049

Skamania County Assessor
Date 6-21-17 Parcel# 01051900030100
Zm