

AFTER RECORDING MAIL TO:

Snyder Law Office

105 N. Third St.

Yakima, WA 98901

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A

JUN 26 2017

PAID N/A  
*Vicki Cleveland, Treasurer*  
SKAMANIA COUNTY TREASURER

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Ila Riddle, being first duly sworn  
*Name of Affiant*

deposes and states as follows: That she is a rightful heir as listed on heirs at law, to the real

property described below, and is the wife/surviving spouse  
*Relationship to decedent*

of Vernon Harold Riddle, who died on May 2, 2017  
*Decedent/Grantor* *Date*

at Rufus Sherman Oregon  
*City* *County* *State*

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 2 DUNOVEN SP BK 3/PG 330

Skamania County Assessor  
Date 6-26-17 Parcel # 3-8-27-3-600

Assessor's Property Tax Parcel/Account Number: 03082730060000  
(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)

Ila Lavone Riddle, 72, wife/surviving spouse, 318 Murray Street, Sherman, OR 97050

*Full name, age, relationship, address*

Wayne Henry Riddle, 52, 12 N. 91<sup>st</sup> Ave., Yakima, WA 98908

*Full name, age, relationship, address*

Scott Vernon Riddle, 50, son, 535 Ocean Blvd., Coronado, CA 92118

*Full name, age, relationship, address*

Dolores Ann Kaiser, 74, sister, 720 Green Valley Rd., Mabton, WA 98935

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

Dated: 6-15-2017

Ila Lavone Riddle

*Affiant's full name*

541-980-2268

*Telephone number*

318 MURRAY St.  
Rufus OR 97050  
*City State Zip Code*

Ila Lavone Riddle 6-15-2017  
*Signature Date*

State of Washington County of Yakima

I know or have satisfactory evidence that Ila Lavone Riddle  
*(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: 06/15/17 Amber Cuevas  
*Signature of Notary Public*

(SEAL OR  
STAMP)



Residing at: Yakima, WA

Notary Public in and for the State of WA

My appointment expires: 07/2018

Full legal description for Assessor's Property Tax Parcel/Account Number 03082730060000:

A tract of land in the Southwest Quarter of Section 27, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Dunoven Short Plat recorded in Book 3 of Short Plats, Page 330, Skamania County Records.

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## STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH793420  
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name: First Vernon		Middle Harold	Last Riddle	Suffix	2. Death Date May 02, 2017
3. Sex Male	4. Age 78 years	5. Social Security Number		6. County of Death Sherman	
7. Birthdate November 12, 1938	8. Birthplace Grandview, Washington		9. Decedent's Education Some college		
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes	
13. Residence: Number and Street 318 Murray Street		14. City/Town Rufus		15. State or Foreign Country Oregon	
16. Residence: County Sherman		17. Zip Code + 4 97050		18. Inside City Limits? Yes	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Ila Lavon Patterson			
21. Usual Occupation Police Officer		22. Kind of Business/Industry Law Enforcement			
23. Father's Name Henry Harrison Riddle		24. Mother's Name Prior to First Marriage Bertha Ellen Bond			
25. Informant's Name Ila Lavone Riddle		26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Place of Death Decedent's Residence		29. Facility Name			
30. Location of Death 318 Murray Street		31. City/Town or Location of Death Rufus		32. State Oregon	
33. Method of Disposition Cremation		34. Place of Disposition Win-Quatt Crematory		35. Location The Dalles, Oregon	
36. Name and Complete Address of Funeral Facility Spencer, Libby & Powell Funeral Home 1100 Kelly Ave. The Dalles, Oregon 97058					
37. Date of Disposition May 03, 2017		38. Funeral Director's Signature Mark G. Powell		39. OR License Number CO-3621	
40. Registrar's Signature [Signature]		41. Date Received May 31, 2017		42. Local File Number 046	
43. Amendment					
44. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
45. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
46. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
47. Time of Death 2:23 a.m.					
48. CAUSE OF DEATH					
50. 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.					
Final disease or condition resulting in death		IMMEDIATE CAUSE		Approximate Interval Onset to Death	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		a. Cardiac Arrest		many years	
		b. Due to (or as a consequence of)			
		c. Chronic renal failure		many years	
		d. Due to (or as a consequence of)			
		e. Nephrectomy		years	
		f. Due to (or as a consequence of)			
		g. Type I diabetes		years	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of Death		53. If Female:		54. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)					
60. Describe how injury occurred					
61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Dan Doornik 4003 Creekside Loop Yacima, WA 98908					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier M.D.		65. License Number M.D. 00027085		66. Date Signed (MM/DD/YYYY) 5/17/17	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
68. Medical Examiner - 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.					
69. Amendment					

45-2DP (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 OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED:

MAY 31 2017

JENNIFER A. WOODWARD, PH.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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