

When recorded return to:

Clara Darlene Ball
42 Juniper Street
PO Box 95
Carson Washington 98610

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
AUG - 8 2017

PAID *N/A*
Michael J. Smith
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE:	Lack of Probate Affidavit
GRANTOR:	Ball, David R. (deceased)
GRANTEE:	Ball, Clara Darlene., a single woman
LEGAL DESCRIPTION:	LOT 41 COLUMBIA HEIGHTS, ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK 'A' OF PLATS, PAGE 136 IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON commonly known as 42 Juniper Street, Carson, WA 98610
ASSESSOR'S TAX PARCEL NOS.:	03082941170000

LM 8/8/17

LACK OF PROBATE AFFIDAVIT
(Succession)

I, Clara Darlene Ball, being first duly sworn on oath, depose and say as follows:

1. I am the surviving spouse of DAVID ROBERT BALL, who died intestate on the 16th day of March , 2010 , in Carson, Skamania County, Washington, and who was a resident of Carson, Skamania County, Washington, with a certified copy of said death certificate attached hereto;

2. David R. Ball and I were married on the 9th day of June, 1957, and that there were five children born of this marriage, namely, Karen Melanie Ball; Darlene Susan Ball; David Brian Ball, and William Dean Ball all of whom survived decedent;
3. David R. Ball never executed a Last Will and Testament; however, David R. Ball's entire estate, including real property interests (all of which were community property), passed to *his* wife, Clara Darlene Ball, pursuant to intestate succession laws of Washington, RCW 11.04.015(1)(a);
4. Any and all expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession;
5. The decedent had never received from the State of Washington, or any state, assistance consisting of nursing facility services, home and community-based services, related hospital and/or prescription drug services, or any other type of medical assistance;
6. There is no State of Washington Inheritance Tax due as a result of the decedent's death;
7. There is no Federal Estate tax due as a result of decedent's death;
8. There is no Inheritance Tax due to any other state in the United States as a result of the decedent's death;
9. No probate of the Estate of David R. Ball has been instituted, nor is any such proceeding contemplated;
10. All of the real property owned by the decedent at the time of his death, or in which he had an interest, community property, was situated in Skamania County, Washington Parcel ID# 03082941170000.
11. This affidavit is to put the world on notice and made to notify any bona fide purchaser of the state of title of the above-referenced property. It may be used induce a title company to issue its policies of title insurance on real property passing to the affiant in reliance upon

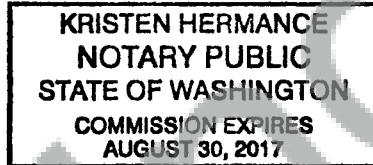
the representations set forth above. Affiant will indemnify and hold harmless from loss or damage which a bona fide purchaser or a title company may suffer as a result of reliance thereupon.

I have signed this affidavit this 8 day of Aug, 2017

Clara Darlene Ball
Clara Darlene Ball

STATE OF WASHINGTON)
) ss.
County of Skamania)

On this 8 day of August, 2017, before me personally appeared **Clara Darlene Ball** and acknowledged to me that she executed this Lack of Probate Affidavit freely and voluntarily.



Kristen Hermance

Notary Public for Washington
My commission expires: Aug 30, 2017

STATE OF WASHINGTON DEPARTMENT OF HEALTH

1. Legal Name (Please AcA if any) First Middle LAST Suffix David Robert Ball				2. Death Date 03/16/2010	
3. Sex (M/F) Male	4a. Age - Last Birthday 78	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 Skamania
7. Birthdate 10/29/1931	8a. Birthplace (City, Town, or County) Oakland	8b. (State or Foreign Country) California	9. Decedent's Education Bachelor's Degree		
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.) 42 Juniper St.				13b. City or Town Carson	
13c. Residence: County Skamania	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98610	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 36 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Clara Darlene Cash			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Construction Engineer			18. Kind of Business/Industry (Do not use Company Name) Corps of Engineers		
19. Father's Name (First, Middle, Last, Suffix) Willie Dea Ball			20. Mother's Name Before First Marriage (First, Middle, Last) John Ola Sealy		
21. Informant's Name Darlene Ball	22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 95 Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital:			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence		
25. Facility Name (If not a facility, give number & street or location) 42 Juniper St.			26a. City, Town, or Location of Death Carson	26b. State WA	27. Zip Code 98610
28. Method of Disposition Burial	29. Place of Final Disposition (Name of cemetery, crematory, other place) Old Carson Cemetery		30. Location-City/Town, and State Carson, Washington		
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672				32. Date of Disposition 03/20/2010	
33. Funeral Director Signature X <i>Cal Martin</i>					
Cause of Death (See instructions and examples)					
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) → Adenocarcinoma Cancer with metastases				Interval between Onset & Death Years:	
Due to (or as a consequence of):				Interval between Onset & Death	
Sequentially list conditions, if any, lead to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				Interval between Onset & Death	
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 none				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 type="checkbox"/> No <input checked="" 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, date, and place and due to the cause(s) and manner stated. <i>Rosie Palisson, MD</i>				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) Rosie Palisson 12607 SE Mill Plain Blvd Vancouver, WA 98684				50. Hour of Death (24hrs) 0530	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) David Martin, MD				52. Date Signed (MM/DD/YYYY) 3/17/10	
53. Title of Certifier Physician	54. License Number MD 47472	55. Coroner's File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature <i>Cal Martin</i>				58. Date Received MAR 19 2010	
59. Amendments					



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

MAR 23 2010

Alan Melnick
Alan Melnick
Health Officer
Skamania Co. Public Health

NN01217624