

WHEN RECORDED RETURN TO:

Janis Frasier, Personal Representative
2019 NE 179th Street U94
Ridgefield, WA 98642

DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Vina Zschomler

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32801
SEP 21 2017

GRANTEE:

Avrol E. Zschomler, a widower

PAID EXEMPT
Shirley Ann Deputy
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

Lot 14 of the WIND RIVER LOTS II, according to the recorded Plat thereof, recorded in Book B of Plats, Page 42, in the County of Skamania, State of Washington.

Skamania County Assessor
Date 9/21/17 Parcel# 04-07-26-2-0-1900-00
Jm

TAX PARCEL NUMBER(S):

04-07-26-2-0-1900-00

After recording, return to:

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

STATE OF Washington

COUNTY OF Skamania SS:

The undersigned, Janis E. Frasier, executes this affidavit relating to the estate of Vina Zschonler (herein "Decedent"), who died on 1-10-17, in the County of CLARK, State of WA, then being a resident of the City of Vancouver, County of CLARK, 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 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:) Step mother

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

- (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 Spouse Arvol E. Zschomler

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: 1 ~~13~~ Sept. 21, 2017

Janis E. Frasier

(Signature)

Janis E. Frasier

(Print or type full name)

2019 NE 179th St. U94

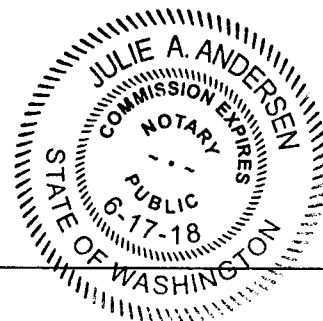
(Full address and telephone number) Ridgefield, WA 98642

State of Washington
 County of Skamania

SUBSCRIBED and SWORN TO before me this 21 day of Sept., 2017
 by Janis E. Frasier, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Julie A. Andersen

Notary Public in and for the State of WA
 residing at Carson, WA



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-001491

LOCAL FILE NUMBER: 3492

DATE ISSUED: 01/18/2017

FEE NUMBER: 0000676043

GIVEN NAMES: **VINA**
LAST NAME: **ZSCHOMLER**

COUNTY OF DEATH: **CLARK**
DATE OF DEATH: **JANUARY 10, 2017**
HOUR OF DEATH: **08:50 A.M.**
SEX: **FEMALE**
AGE: **90 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: **WHITE**

BIRTHDATE: **SEPTEMBER 02, 1926**
BIRTHPLACE: **YAKIMA, YAKIMA CNTY, WASHINGTON**

MARITAL STATUS: **MARRIED**
SPOUSE: **ARVOL EUGENE ZSCHOMLER**

OCCUPATION: **HOMEMAKER**
INDUSTRY: **OWN HOME**
EDUCATION: **9-12TH GRADE, NO DIPLOMA**
US ARMED FORCES? **NO**

INFORMANT: **DONNA PARKINSON**
RELATIONSHIP: **DAUGHTER**
ADDRESS: **17506 W. VAN BUREN STREET, GOODYEAR, AZ 85338**

PLACE OF DEATH: **NURSING HOME / LONG TERM CARE FACILITY**
FACILITY OR ADDRESS: **ALEXIS ADULT FAMILY HOME**
CITY, STATE, ZIP: **BATTLE GROUND, WASHINGTON 98604**

RESIDENCE STREET: **51 MESLEN ROAD**
CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**
INSIDE CITY LIMITS? **NO**

COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **22 YEARS**

FATHER/PARENT: **AXEL SVEN SWENSEN**
MOTHER/PARENT: **MAUDE CLARK**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **PORTLAND CREMATION CENTER**
CITY, STATE: **PORTLAND, OR**
DISPOSITION DATE: **JANUARY 17, 2017**

FUNERAL FACILITY: **LAYNE'S FUNERAL HOME INC**
ADDRESS: **PO BOX 7**
CITY, STATE, ZIP: **BATTLE GROUND WA 98604**
FUNERAL DIRECTOR: **DENTON F HARLAN**

CAUSE OF DEATH:

- A. **CONGESTIVE HEART FAILURE -ACUTE**
INTERVAL: **2 WEEKS-CHRONIC 5YRS**
B. **ATRIAL FIBRILLATION**
INTERVAL: **5 YEARS**
C. **CARDIOMYOPATHY**
INTERVAL: **5+ YEARS**
D. **PULMONARY HYPERTENSION**
INTERVAL: **5+ YEARS**

OTHER CONDITIONS CONTRIBUTING TO DEATH:

LIVER FAILURE - UNDETERMINED ETIOLOGY - 1/10/2017

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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

CERTIFIER NAME: **LIETTE WITHERRITE MD**
TITLE: **PHYSICIAN**
CERTIFIER
ADDRESS: **875 SW ROCK CREEK DR**
CITY, STATE, ZIP: **STEVENSON WA 98648**
DATE SIGNED: **JANUARY 10, 2017**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:
BARBARA ZOZOSKY
DATE RECEIVED: **JANUARY 13, 2017**

DOH 01-003 (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 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:	2. Date of Event:		3. Place of Event:	
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
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)

7. Return Mailing Address:

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:	Printed name:
Date:	Date:

INSTRUCTIONS – go to [www.clark.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 (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

JAN 18 2017

Alan Melnick

Alan Melnick
Health Officer

Clark County Public Health

GG00076046