

WHEN RECORDED RETURN TO:

Columbia Gorge Title
PO Box 277
Stevenson WA 98648

DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

GRANTOR:

JEAN DELORES GALLE, DECEASED

GRANTEE:

Gebhard A Galle

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

DEC 28 2017

PAID

*See excise #72194 dtd 12/28/17
by deputy*

SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

Lots 2 and 17 of Block One of the FIRST ADDITION TO HILL CREST ACRE TRACTS, according to the official plat thereof on file and of record at page 97 of Book A of Plats, Records of Skamania County, Washington.

TAX PARCEL NUMBER(S):

03-75-36-3-2-3000-00

Skamania County Assessor

Date 12-28-17 Parcel# 03-75-36-3-2-3000-00

2m

After recording, return to:

Columbia Gorge Title
PO Box 277
Stevenson WA
98648

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

STATE OF Washington

SS:

COUNTY OF Skamania

The undersigned, Gebhard A. Galle, executes this affidavit relating to the estate of Jean D. Galle (herein "Decedent"), who died on Aug. 33, 2018, in the County of CLARK, State of WASHINGTON, then being a resident of the City of Stevenson, County of SKAMANIA, State of WASHINGTON. (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:) _____

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 LYNDA PALMER - Daughter

Name & relationship GABRIEL GALLE - son

Name & relationship KATHLYNN BURRES - Daughter

Name & relationship JOANN D. JEFFERS - Daughter

BERNARD A. GALLE - son

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 _____, 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: December 27, 2017

Gebhard A. Galle

(Signature)

Gebhard A. Galle

(Print or type full name)

4937 W. KING RD. N.E. MOSES LAKE, WA 98837

(Full address and telephone number)

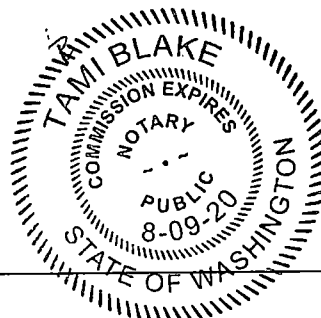
509-765-7841

State of Washington
 County of Skamania

SUBSCRIBED and SWORN TO before me this 27th day of December 2017
 by Gebhard A. Galle, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Tami Blake

Notary Public in and for the State of Washington
 residing at Carson



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2050		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First, Middle, LAST		2. Death Date		3. Sex (M/F)		4. Age - Last Birthday	
Jean DeLores Galle		8-23-2013		F		86 Yrs.	
5. Social Security Number		6. County of Death		7. Birthdate		8. Birthplace (City, Town, or County)	
[REDACTED]		Clark		8-28-1927		Larimore	
9. Decedent's Education		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
Some College Credit No Degree		No		White		NO	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)		13b. City or Town		13c. State or Foreign Country		13d. Zip Code + 4	
183 Shephard Ave.		Stevenson		Washington		98648	
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 last marriage)		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))	
33 Yrs.		Married		Gebhard Anton Galle		Housing Inspector	
18. Kind of Business/Industry (Do not use Company Name)		19. Father's Name (First, Middle, Last)		20. Mother's Name Before First Marriage (First, Middle, Last)		21. Informant's Name	
Government		Nels Christiansen		Esther Celander		Geb Galle	
22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip		24. Place of Death, if Death Occurred in a Hospital		25. Facility Name (if not a facility, give number & street or location)	
Spouse		183 Shephard Ave., Stevenson, WA 98648		Nursing Facility		Prestige Care Center 740 NE Dallas Street	
26. City, Town, or Location of Death		26b. State		27. Zip Code		28. Method of Disposition	
Camas		WA		98607		Cremation	
29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		31. Name and Complete Address of Funeral Facility		32. Date of Disposition	
PFS Crematory		Portland, Oregon		Neptune Cremation Service 17819 NE Riverside Pkwy. #E Port. Or. 97230		08/27/2013	
33. Funeral Director Signature		34. Cause of Death (See instructions and examples)		35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy?	
[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.		Interval between Onset & Death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Cardiovascular arrest</u>		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. <u>End stage Dementia</u>		Due to (or as a consequence of):		Interval between Onset & Death	
c. <u>Cerebrovascular disease</u>		Due to (or as a consequence of):		Interval between Onset & Death		Interval between Onset & Death	
d.		Due to (or as a consequence of):		Interval between Onset & Death		Interval between Onset & Death	
37. Manner of Death		38. If female		39. Did tobacco use contribute to death?		40. Were autopsy findings available to complete the Cause of Death?	
<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"/> 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 checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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		46. Describe how injury occurred		47. If transportation injury, specify:		48. Medical Examiner/Coroner	
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		[Signature]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)		51. Name and Title of Attending Physician (other than Certifier) (Type or Print)		52. Date Signed (mm/dd/yyyy)	
Jerey Christman 700 NE 87th Ave. #370, Vancouver, WA 98664		2244		[Signature]		8/27/13	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
DO		0P0000253				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature		58. Date Received		59. Amendments			
[Signature]		AUG 27 2013					

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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

STATE OFFICE USE ONLY

State File Number _____ Fee Number _____ Initials _____ Date _____ Affidavit Number _____

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); Spouse A/Husband for Marriage or Dissolution _____ 5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution _____

The Record is Incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

6. _____ 7. _____
8. _____ 9. _____
10. _____ 11. _____
12. _____ 13. _____

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

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

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

All vital records are registered as received.

~~We do not accept as proof:~~ Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof: Certificate of Naturalization Numident Report (Social Security Administration) School Transcripts (Official)
Hospital /Medical Record Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Life Insurance Policy Birth Record Alien Registration Card (front and back)
Marriage/Divorce Record 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.
 - Child under 18
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - Adult 18 years or older
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - 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. Proof is required to make changes if requested by someone other than the informant listed on the certificate. 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.
- 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 022a January 2013

CERTIFIED

AUG 30 2013

Alan Melnick
Health Officer
Clark County Public Health

YY00165129