

**WHEN RECORDED RETURN TO:**

Debbie Cazare  
PO Box 577  
Carson WA 98610

**DOCUMENT TITLE(S):**

Inheritance Lack of Probate Affidavit

**Deceased:**

Roy L. Cazare

**SPOUSE:**

Debbie L. Cazare, an unmarried woman

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
33100  
FEB 26 2018

PAID EXEMPT  
*Shirley F. Smith*  
SKAMANIA COUNTY TREASURER

**LEGAL DESCRIPTION:**

A Parcel of land located in the Southwest Quarter of the Southeast Quarter Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 4 of the Durward and Janet Rodgers Short Plat, recorded in Book 2 of Short Plats, Page 40, Skamania County Records.

**TAX PARCEL NUMBER(S):**

03-08-17-4-0-1204-00

Skamania County Assessor  
Date 2-26-18 Parcel# 03-08-17-4-0-1204-00  
LM

After recording, return to:

Debbie Cazare  
PO Box 577  
Carson, WA  
98610

**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, Debbie Cazare, executes this affidavit relating to the estate of Roy L. Cazare (herein "Decedent"), who died on 7/30/2009, in the County of SKAMANIA, State of WASHINGTON, then being a resident of the City of CARSON, 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 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

Debbie L. Cazare

- (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 ARROW S. EASTHAM

Name & relationship Daughter

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: February 2, 2018

Debbie L. Cazare

(Signature)  
Debbie L. CAZARE

(Print or type full name)

360.690.5929

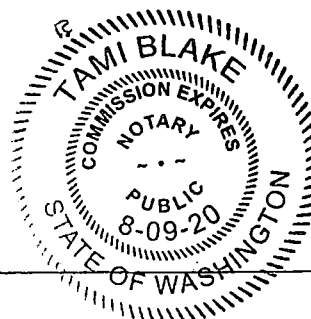
(Full address and telephone number)

State of Washington  
County of Skamania

SUBSCRIBED and SWORN TO before me this 2nd day of February 2018  
by Debbie L. Cazare, 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 Parsippany





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Roy Leon CAZARE				2. Death Date July 26, 2009			
3. Sex (M/F) Male	4a. Age - Last Birthday 62	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania		
7. Birthdate Dec. 17, 1946	8a. Birthplace (City, Town, or County) San Diego County		8b. (State or Foreign Country) California		9. Decedent's Education High School Graduate		
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? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 142 Dillingham Loop					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 25 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Debra Lyn Hightower			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Carpenter				18. Kind of Business/Industry (Do not use Company Name) Construction			
19. Father's Name (First, Middle, Last, Suffix) Leon F. Cazare				20. Mother's Name Before First Marriage (First, Middle, Last) Raynell Swan			
21. Informant's Name Debbie Cazare		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 577 Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location) 142 Dillingham Loop				26a. City, Town, or Location of Death Carson		26b. State WA	
27. Zip Code 98610		28. Method of Disposition Cremation					
29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location: City/Town, and State White Salmon, Washington					
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390, White Salmon, WA 98672						32. Date of Disposition 7-30-09	
33. Funeral Director Signature X [Signature]							
34. Cause of Death (See instructions and examples) - 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) → a. <i>alcohol cirrhosis of liver</i> Interval between Onset & Death <i>unknown</i> Due to (or as a consequence of): 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. <i>coagulopathy from liver disease</i> Interval between Onset & Death Due to (or as a consequence of): c. Interval between Onset & Death d. Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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"/> Pregnant at time of death <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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <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: 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. X <i>Bonnie Trotter</i> X				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)) Bonnie Trotter 12607 SE Mill Plain Blvd, Vancouver, WA 98684				50. Hour of Death (24hrs) 2210			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 7/28/09			
53. Title of Certifier MD		54. License Number 79171		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) JUL - 0 2009			
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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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. 8. 9. 10. 11. 12. 13.	The True fact is: 7. 9. 11. 13.
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:
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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:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

#### Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. 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

AUG 03 2009

Alan Melnick  
 Health Officer  
 Skamania Co. Public Health

NN01217339