

After recording, return to:  
Laurie Robb

36118 SE 26th St  
Washougal, WA 98671

Grantor (Name of Decedent): Darrell R. Robb  
Grantee (Heirs): Laurie Robb  
Abbreviated Legal Description: Lot 18 Highway on the Washougal  
Tax Parcel No.(s): 02051422011600 Im 2/27/18

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

STATE OF Washington  
COUNTY OF Skamania

The undersigned, Laurie Robb, executes this affidavit relating to the estate of Darrell R. Robb (herein "Decedent"), who died on \_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_, then being a resident of the City of Washougal, 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 a lawful heir to the property described below.

**REAL ESTATE EXCISE TAX**

N/A

FEB 27 2018

**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 (1) 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): \_\_\_\_\_

PAID

Clifford J. Smith  
SKAMANIA COUNTY TREASURER

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

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: John James Robb - Son  
 Name and relationship: Bonnie Gary Steinmetz step son  
 Name and relationship: Shirley Mae Millian step daughter  
 Name and relationship: Shelia Hambleton step daughter

**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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Ronald Robb  
 Signature

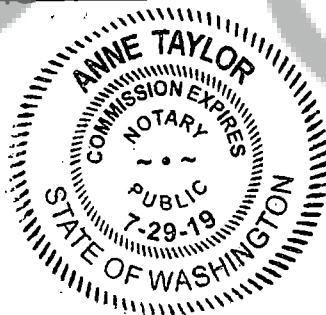
2-26-18  
 Date

LAURIE ROBB  
 Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 2/26/18 by Laurie  
Robb (name of person making statement)



Name: Anne Taylor  
 Notary Public in and for the State of Washington,  
 Residing at: Vanouver  
 My appointment expires: 7/29/19

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**

This is a two (2) part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

STATE OF Washington

Title Insurance Commitment No.: 612848211

COUNTY OF Skamania

County: Skamania

The undersigned, Laurie Robb, executes this affidavit relating to the estate of Darrell R. Robb (herein "Decedent"), who died on 3-4-17, in the County of \_\_\_\_\_, State of Washington.

(A copy of the death certificate is attached hereto.)

SKAMANIA COUNTY  
**REAL ESTATE EXCISE TAX**

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

☒ the lawful surviving spouse of the Decedent☐ Surviving child of the Decedent☐ Registered domestic partner of the Decedent

☐ One (1) 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:)

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

- spouse or registered domestic partner; **and**
- children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of decedent); **and**
- all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death; see RCW11.04.015:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name and relationship: John James Robb

Address: \_\_\_\_\_

Name and relationship: Arnold Gary Steinmetz

Address: \_\_\_\_\_

Name and relationship: Shula Hamblen

Address: \_\_\_\_\_

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
 (continued)

Name and relationship: Sheri Ann McMullan

Address: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Address: \_\_\_\_\_

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property  
☐ Separate property  
☐ Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:
  - ☒ married to Laurie Robb
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - ☒ married to Laurie Robb
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
3. That on the date of death the Decedent was a citizen of the following country \_\_\_\_\_ and a permanent resident of \_\_\_\_\_ (if Decedent was a resident different from that of their citizenship).
4. ☒ That the decedent left a Will, a copy of which is attached hereto.  
☐ That the decedent left no Will.  
☐ That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording no. \_\_\_\_\_ (if unrecorded, attach a copy)
5. ☒ That the decedent's estate is not being probated.  
☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_
6. If title transferred pursuant to a Transfer of Death Deed:
  - ☐ That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed
  - ☐ That there was consideration given in the amount of \$ \_\_\_\_\_, including the value of monetary, non-monetary, in-kind, and other consideration.

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
 (continued)

7. ☐ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
- ☐ That State and/or Federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.
- ☐ That State and/or Federal succession or inheritance taxes are due in the approximate amount of \$ \_\_\_\_\_, but have not been paid.
8. ☐ That the decedent has not received assistance from the State of Washington for medical care.
- ☐ That the decedent has received assistance from the State of Washington for medical care.
- ☐ That the State of Washington has been fully reimbursed for assistance for medical care.
9. If title was owned by the decedent in **joint tenancy**:
- ☐ That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real estate was held in joint tenancy.
- ☐ That the interest of no one (1) or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law;
- ☐ That the joint tenancy continued in full force until the death of the Decedent and, if there are two (2) or more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness; funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ \_\_\_\_\_, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ \_\_\_\_\_, and including the value of Decedent's separate property, if any, of approximately \$ \_\_\_\_\_, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ \_\_\_\_\_.

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**For Separate Property, Community Property, Joint Tenancy or Transfer on Death Deeds**  
 (continued)

This affidavit is made to induce Old Republic National Title Insurance Company (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance to full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

*Laurie Robb*  
 Signature

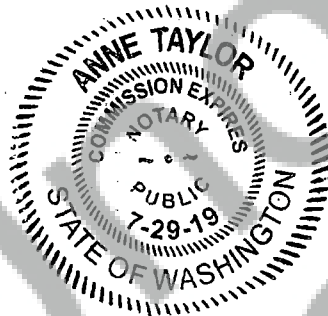
2-26-18  
 Date

LAURIE ROBB  
 Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 2/26/18 by Laurie  
Robb (name of person making statement)



*Anne Taylor*  
 Name: Anne Taylor  
 Notary Public in and for the State of Washington,  
 Residing at: Vanouver  
 My appointment expires: 7/29/19



# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 4089

DATE ISSUED: 03/14/2017  
FEE NUMBER:

CERTIFICATE NUMBER: 2017-011502

FIRST AND MIDDLE NAME(S): DARRELL R  
LAST NAME(S): ROBB

COUNTY OF DEATH: CLARK

DATE OF DEATH: MARCH 04, 2017

HOUR OF DEATH: 11:30 PM

SEX: MALE

AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 23, 1939

BIRTH PLACE: VANCOUVER, CLARK COUNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: LAURIE MAGDALUYO

OCCUPATION: MACHINIST

INDUSTRY: NW TRACTOR

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: LAURIE ROBB

RELATIONSHIP: WIFE

ADDRESS: 16601 WASHOUGAL RIVER ROAD WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE

INTERVAL: 2 DAYS

B: CARDIOGENIC SHOCK

INTERVAL: 2 DAYS

C: SEPSIS, ABDOMINAL SOURCE

INTERVAL: 2 DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,  
ACUTE ON CHRONIC RENAL FAILURE, SHOCK LIVER, CORONARY ARTERIES  
DISEASE, PAST ESOPHAGEAL CANCER

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 16601 WASHOUGAL RIVER ROAD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

INSIDE CITY LIMITS: NO COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 38 YEARS

FATHER/PARENT: HARVEY ROBB

MOTHER/PARENT: SHIRLEY WEBB

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: MARCH 09, 2017

FUNERAL FACILITY: DAVIES CREMATION &amp; BURIAL SERVICE

ADDRESS: 309 E-15TH ST #E

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98663

FUNERAL DIRECTOR: DONALD L. DAVIES

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: STEPHEN KORMANYOS, MD

TITLE:

CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: MARCH 08, 2017


CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: STEVE KORMANYOS, MD

LOCAL DEPUTY REGISTRAR: KATHY

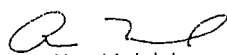
DATE RECEIVED: MARCH 09, 2017

		<h2 style="margin:0;">Affidavit for Correction</h2> <p style="margin:0;">This is a legal document. Complete in ink and do not alter.</p>		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	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"/> Hospital <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 <sup>nd</sup> parent (if required):		
Printed name:		Date:	Printed name:		Date:
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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:					
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>					
<b>Birth Certificates</b>					
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.					
2. 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.					
3. Documentary proof must be five or more years old or established within five years of birth.					
<b>Child under 18</b>			<b>Adult (18 years or older)</b>		
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>			<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>		
*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)					
<b>Death Certificates</b>					
1. 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.					
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.					
<b>Marriage/Dissolution (Divorce) Certificates</b>					
1. 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.					
2. 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

MAR 14 2017



 Alan Melnick  
 Health Officer  
 Clark County Public Health

 Certificate not valid unless the Seal of the State of  
 Washington changes color when heat applied.


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