

WHEN RECORDED RETURN TO:

Lana Kent
PO Box 1994
White Salmon WA 98672

DOCUMENT TITLE(S):
Inheritance Lack of Probate Affidavit

Grantor:
Donald B. Kent, deceased

Grantee:
Lana C Kent, an unmarried woman

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

33163
MAR 27 2018

PAID

Exempt
by deputy
SKAMANIA COUNTY TREASURER

ABBREVIATED LEGAL DESCRIPTION:

A tract of land in the South half of the Southeast Quarter of the Southwest Quarter of Section 11, Township 3 North, Range 9 East of the Willamette Meridian, in County of Skamania, State of Washington, described as follows:

Lot 1 of the Floyd Hutchens Short Plat, recorded in Book 3, Page 210, Skamania County Records.

TAX PARCEL NUMBER(S):
03-09-11-3-0-2201-00

Skamania County Assessor
Date 3/27/18 Parcel# 3-9-11-30-2201-00
6.S.

After recording, return to:

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

STATE OF _____)

SS:

COUNTY OF _____)

The undersigned, Lana C. Kent, executes this affidavit relating to the estate of Donald B. Kent (herein "Decedent"), who died on 12/21/2014, in the County of Skamania, State of WA, then being a resident of the City of Cook, 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

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-029765

DATE ISSUED: 12/29/2014

FEE NUMBER: 0002021991

GIVEN NAMES: DONALD BRIAN
LAST NAME: KENT

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: DECEMBER 21, 2014
HOUR OF DEATH: 07:45 A.M.
SEX: MALE
AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 06, 1942
BIRTHPLACE: SAN DIEGO, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: LANA CECILE GARRETT

OCCUPATION: ELECTRICIAN
INDUSTRY: PRIVATE BUSINESS
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

INFORMANT: LANA KENT
RELATIONSHIP: WIFE
ADDRESS: PO BOX 1994 WHITE SALMON, WA 98672

CAUSE OF DEATH:
A. MESOTHELIOMA
INTERVAL: 3 YEARS
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CORONARY DISEASE, DIABETES MELLITUS, HYPERTENSION

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4302 COOK-UNDERWOOD ROAD
CITY, STATE, ZIP: MILL A, WASHINGTON 98605

RESIDENCE STREET: 4302 COOK-UNDERWOOD ROAD
CITY, STATE, ZIP: MILL A, WASHINGTON 98605
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: TYLER C KENT
MOTHER: ALPHA BATES

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA
DISPOSITION DATE: DECEMBER 26, 2014

FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: P O BOX 390
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

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: TROY WITTHERRITE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 212 SKYLINE DRIVE
CITY, STATE, ZIP: WHITE SALMON WA 98672
DATE SIGNED: DECEMBER 23, 2014

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

LOCAL DEPUTY REGISTRAR:
LADONNA BAehler
DATE RECEIVED: DECEMBER 23, 2014



DOH 01-003 (6/14)



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
www.doh.wa.gov

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution |
| 1. Name on record: First Middle Last |
| 2. Date of Event: |
| 3. Place of Event: City or County |
| 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) |
| 5. Mother/Parent Full Birth Name (Spouse B 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: <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 foregoing is true and correct.

| | | |
|-------------------------------|-----------|--------------|
| 15. Signature: (Printed Name) | 16. Date: | 17. Address: |
|-------------------------------|-----------|--------------|

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:

| | | |
|-------------------------------|---|-------------------------------------|
| Birth Record | Full Numident Report (Social Security Administration) | School Transcripts (Official) |
| Certificate of Naturalization | Marriage/Divorce Record | Alien Registration (front and back) |
| Military Record (DD-214) | Life Insurance Policy | Hospital/Medical Record |
| Passport | | |

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (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
 - 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/parent full birth name, father/parent full birth 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.
 - To correct the sex of the child, submit one proof from a medical provider.
- 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, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.

This affidavit cannot be used to add a father to a birth certificate. (Use the 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). 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 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 422-034 June 2014

CERTIFIED

DEC 29 2014

Christopher Spitters
Christopher Spitters, M.D.
Klickitat County Health Department

BB00055526

(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 Lana Kent, Spouse

Name & relationship Robert Kent, son

Name & relationship Sydney Kent, daughter

Name & relationship Zaine Kent, 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 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: 2/16, 2018

Lana C. Kent
 (Signature)

Lana C. Kent

(Print or type full name)

Po Box 1994, White Salmon, WA 98672 541-806-1494
 (Full address and telephone number)

State of WA

County of CLICKITAT

SUBSCRIBED and SWORN TO before me this 16th day of Feb, 2018
 by Lana C. Kent, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public in and for the State of WA

residing at TROUT LAKE

my Commission Expires July 15, 2020

DALE D CONNELL
NOTARY PUBLIC
 STATE OF WASHINGTON
 COMMISSION EXPIRES
 JULY 15, 2020