

WHEN RECORDED RETURN TO:

Ruben D. Cleaveland

Annala, Carey, VanKoten & Cleaveland, P.C.

PO Box 325/305 Cascade Street

Hood River, Oregon 97058

**SKAMANIA COUNTY
REAL ESTATE EXCISE TAX**

33224
APR 30 2018

DOCUMENT TITLE(S)

Affidavit of Deceased Joint Tenant

PAID

Blumenthal
Ch. de Buis
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) of Documents assigned or released:

AFN111353 Book 123, Page 607

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Barbara J. Essex, Deceased

☐ Additional names on page _____ of document.

GRANTEE(S):

Elston H. Hill

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

☒ Complete legal on page 1 of document.

TAX PARCEL NUMBER(S):

03102000100300 NW

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SAN BERNARDINO

On March 29, 2018 before me, Rosalinda S. Carlton, Notary Public
(insert name and title of the officer)

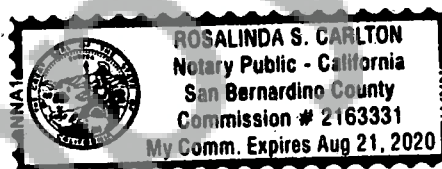
personally appeared * Ellen Hill *
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Rosalinda S. Carlton

(Seal)



111353

EXHIBIT "A"

BOOK 123 PAGE 607

FILED FOR RECORD
SKAMANIA COUNTY, WASH.
BY *Kulowski & Lawrence*

JUN 6 4 45 PM '91

G. Lowry
AGU. 1017

GARY M. OLSON

QUIT CLAIM DEED

The Grantor, **BARBARA J. ESSEX**, a single woman, for a valuable consideration, conveys and quit claims to **BARBARA J. ESSEX**, a single woman, and **ELSTON H. HILL**, a single man, as joint tenants with the right of survivorship, the following described real estate, situated in the County of Skamania, State of Washington, including any after acquired title:

A tract of land located in the Southeast Quarter of the Southwest Quarter of Section 20, Township 3 North, Range 10 E.W.M., described as follows:

Beginning at a point on the quarter section line 880 feet North from the quarter corner on the South line of said Section 20; thence West 495 feet; thence North parallel to said quarter section line to intersection with the center line of the county road known and designated as the Collins-Knapp Road; thence in a southeasterly direction following the center line of said road to intersection with the said quarter section line; thence South to the point of beginning; EXCEPT the East 20 rods thereof.

UNOFFICIAL COPY

Dated this 30th day of May, 1991.

Barbara J. Essex
BARBARA J. ESSEX

STATE OF WASHINGTON)
) SS
County of Skamania)



On this day personally appeared before me **BARBARA J. ESSEX**, known to be the individual described in and who executed the foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 30th day of May, 1991.

14335

REAL ESTATE EXCISE TAX

JUN 06 1991

Paid *Exempt*
Jan T. Kiehnich
SKAMANIA COUNTY TREASURER

Registered	0
Indexed, Dir	6
Indirect	6
Filed	6-10-91
Mailed	

Jan T. Kiehnich
Notary Public in and for the
State of Washington, residing
at Stevenson

Commission expires: 4-28-94

Gerda J. Kinnel, Skamania County Assessor
3-10-20-1003
6/6/91

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-009394

LOCAL FILE NUMBER: 17-123

DATE ISSUED: 03/02/2017

FEE NUMBER: 31794

FIRST AND MIDDLE NAME(S): **BARBARA J.**
LAST NAME(S): **ESSEX**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **FEBRUARY 09, 2017**
HOUR OF DEATH: **UNKNOWN UNKNOWN**
SEX: **FEMALE** AGE: **81 YEARS**
SOCIAL SECURITY NUMBER: XXXXXXXXXX

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**

BIRTH DATE: **OCTOBER 17, 1935**
BIRTHPLACE: **PORTLAND, OREGON**

MARITAL STATUS: **WIDOWED**
SPOUSE: **NOT APPLICABLE**

OCCUPATION: **ASSEMBLY LINE WORKER**
INDUSTRY: **FRUIT PACKING**
EDUCATION: **UNKNOWN**
US ARMED FORCES: **NO**

INFORMANT: **JULIE STANLEY**
RELATIONSHIP: **SISTER**
ADDRESS: **14320 SE FAIROAKS AVENUE OAK GROVE, OR 97267**

CAUSE OF DEATH:
A: **LUNG CANCER**
INTERVAL: **MONTHS**

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **HOME**
FACILITY OR ADDRESS: **1102 KOLLOCK KNAPP ROAD**
CITY, STATE, ZIP: **UNDERWOOD, WASHINGTON 98651**

RESIDENCE STREET: **1102 KOLLOCK KNAPP ROAD**
CITY, STATE, ZIP: **UNDERWOOD, WASHINGTON 98651**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **42 YEARS**

FATHER/PARENT: **JOHN RILEY PITTENGER**
MOTHER/PARENT: **MILDRED ELIZABETH COLVER**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **COLUMBIA RIVER CREMATORY**

CITY, STATE: **WHITE SALMON, WASHINGTON**
DISPOSITION DATE: **FEBRUARY 28, 2017**

FUNERAL FACILITY: **GARDNER FUNERAL HOME INC**

ADDRESS: **1270 NORTH MAIN AVENUE**
CITY, STATE, ZIP: **WHITE SALMON, WASHINGTON 98672**
FUNERAL DIRECTOR: **DEREK F. KRENTZ**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
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 VOGT, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1108 JUNE STREET**
CITY, STATE, ZIP: **HOOD RIVER, OREGON 97031**
DATE SIGNED: **FEBRUARY 24, 2017**

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

LOCAL DEPUTY REGISTRAR: **LORI KOCH**
DATE RECEIVED: **FEBRUARY 27, 2017**



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
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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: First Middle Last			2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address: P.O. Box or Street Address City State Zip				
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:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.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 (if 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



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

CERTIFIED

MAR 02 2017

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



0 1 2 7 5 0 1 5

EXHIBIT "A"

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