

After recording, return to:
Darlene Alice Ross
42172 Sillar Valley Road
Newberry Springs, CA 92365

Grantor (Name of Decedent): William Donald Ross
Grantee (Heirs): Darlene Alice Ross, Randall Don Ross
Abbreviated Legal Description: Lot 3 & 4 Silver Star Acres 153 / A
Tax Parcel No.(s): 01050640010700 and 01050640010100 *ym 4/30/18*

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WASH

COUNTY OF Clark

The undersigned, Darlene Alice Ross, executes this affidavit relating to the estate of
William Donald Ross (herein "Decedent"), who died on May 16, 2017,
in the County of Clark, State of WASH, then being a resident of the
City of Washougal, County of Clark, State of WASH.

(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 rightful heir to the property described below.

**SKAMANIA COUNTY
REAL ESTATE EXCISE TAX**

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:) _____

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: Darlene Alice Ross - Spouse
 Name and relationship: Ranall Don Ross - Son
 Name and relationship: _____
 Name and 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:

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.

Darlene Ross
 Signature

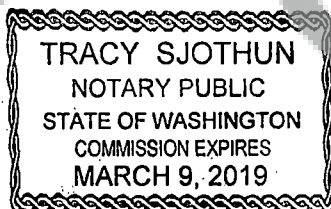
4/27/18
 Date

Darlene Alice Ross
 Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 4/27/2018 by Darlene Alice Ross (name of person making statement).



Tracy Sjothun
 Name: Tracy Sjothun
 Notary Public in and for the State of Washington,
 Residing at: Vanouver
 My appointment expires: 3-9-2019

ORDER NO. S18-0133KM

EXHIBIT "A"

PARCEL I: 01-05-06-4-0-0107-00

Lot 3 of SILVER STAR ACRES, according to the official plat thereof on file and of record at Page 153 in Book 'A' of Plats, records of Skamania County, Washington.

PARCEL II: 01-05-06-4-0-0101-00

Lot 4 of SILVER STAR ACRES, according to the official plat thereof on file and of record at Page 153 in Book 'A' of Plats, records of Skamania County, Washington.

Skamania County Assessor

Date 4-30-18 Parcel# 01-05-06-4-0-0107-00
01-05-06-4-0-0101-00

YM

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-022475

LOCAL FILE NUMBER: 4808

DATE ISSUED: 05/22/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DON

LAST NAME(S): ROSS

AKA: WILLIAM DONALD ROSS

AKA:

AKA:

COUNTY OF DEATH: CLARK

DATE OF DEATH: MAY 16, 2017

HOUR OF DEATH: 11:10 AM

SEX: MALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 08, 1932

BIRTH PLACE: LOUISVILLE, KENTUCKY

MARITAL STATUS: MARRIED

SPOUSE: DARLENE ALICE WALKER

OCCUPATION: JOCKEY/TRAINER

INDUSTRY: EQUESTRIAN

EDUCATION: 8TH GRADE OR LESS

US ARMED FORCES: NO

INFORMANT: DARLENE A ROSS

RELATIONSHIP: WIFE

ADDRESS: 71 WARD RD, WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: SMALL CELL LUNG CANCER

INTERVAL: 1-YEAR

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: 71 WARD RD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 71 WARD RD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

INSIDE CITY LIMITS: NO COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER/PARENT: RICHARD ROSS

MOTHER/PARENT: FLORA EMBRY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LOWER COLUMBIA CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: MAY 19, 2017

FUNERAL FACILITY: CASCADIA CREMATION & BURIAL SERVICES

ADDRESS: 6303 E 18TH STREET STE A

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: KIMBERLY S ALBINANA

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: DAVID SMITH, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 210 SE 136TH AVE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684

DATE SIGNED: MAY 17, 2017

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TARA VAWTER

DATE RECEIVED: MAY 18, 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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

CERTIFIED

MAY 22 2017

Alan Melnick

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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