

After recording, return to:  
Stephanie D. Welch  
3426 Oakes Avenue, #C  
Everett, WA 98201

Grantor (Name of Decedent): Gary L. Welch  
Grantee (Heirs): Stephanie D. Welch  
Abbreviated Legal Description: SECTION 5 T1N R5EWM 612349357 TB  
Tax Parcel No.(s): 01050500080100 and 01050500080000 DM

Full Legal on Page: 4

### INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF WA

COUNTY OF Clark

The undersigned, Stephanie D. Welch, executes this affidavit relating to the estate of Gary L. Welch (herein "Decedent"), who died on 10/08/2015, in the County of Clark, State of Washington, then being a resident of the City of Vancouver, County of Clark, 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 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 (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): \_\_\_\_\_

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

33232

MAY 02 2018

PAID EXEMPT  
Audrey 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: Stephanie D. Welch Spouse  
 Name and relationship: Jonathan M. Welch child  
 Name and relationship: James S. Welch child  
 Name and relationship: Evan G. Welch child

**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.

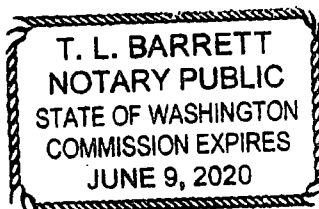
Stephanie D. Welch  
 Signature  
STEPHANIE D. WELCH  
 Print Name

5/1/18  
 Date

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 5/1/2018 by Stephanie  
D. Welch (name of person making statement).



T. L. Barrett  
 Notary Public in and for the State of Washington,  
 Residing at: Vancouver  
 My appointment expires: June 9, 2020

Unofficial  
Copy

child	Relationship : Daniel E. Welch
child	Relationship : Hannah A. Welch

EXHIBIT "A"

THE WEST HALF OF THE EAST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHWEST  
QUARTER OF SECTION 5, TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN,  
IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

Unofficial  
Copy

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2641 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Garry Lee WELCH</b>				2. Death Date <b>10-08-2015</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>64</b>	4b. Under 1 Year Months Days <b>06-10-1951</b>	4c. Under 1 Day Hours Minutes <b>Perryton Texas</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Clark</b>
7. Birthdate <b>06-10-1951</b>		8a. Birthplace (City, Town, or County) <b>Perryton</b>		8b. (State or Foreign Country) <b>Texas</b>	
9. Decedent's Education <b>Bachelor's Degree</b>		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			
11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>81 Agate Lane</b>				13b. City or Town <b>Washougal</b>	
13c. Residence: County <b>Skamania</b>	13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98671</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>6 months</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Stephanie Bonner</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED). <b>Salesman</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Industrial Sales</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Walter C. Welch</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Pauline Eccles</b>		
21. Informant's Name <b>Stephanie Welch</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>81 Agate Lane, Washougal, WA 98671</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient - Hospital</b>			25. Facility Name (If not a facility, give number & street or location) <b>Peace Health Southwest Medical Center</b>		
26a. City, Town, or Location of Death. <b>Vancouver</b>			26b. State <b>WA</b>		27. Zip Code <b>98664</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Portland Cremation Center</b>		30. Location-City/Town, and State <b>Portland, Oregon</b>	
31. Name and Complete Address of Funeral Facility <b>Brown's Funeral Home 410 NE Garfield St. Camas WA 98607</b>			32. Date of Disposition <b>10-13-2015</b>		
33. Funeral Director Signature X <b>Grace Bohn</b>					
34. 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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Disseminated Intravascular Coagulopathy</b> <b>Due to (or as a consequence of):</b> <b>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> <b>b. Sepsis</b> <b>Due to (or as a consequence of):</b> <b>c. Metastatic Pancreatic Cancer</b> <b>Due to (or as a consequence of):</b>					
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 type="checkbox"/> Probably <input checked="" 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) <b>44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</b>	
45. Location of Injury: Number & Street: Apt. No. 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. <b>x Brian Hanks</b>			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. <b>x</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Brian Hanks 406 NE Homer Joseph Place, Vancouver WA 98601</b>				50. Hour of Death (24hrs) <b>1700</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>10/10/2015</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>MD 60549040</b>		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature <b>[Signature]</b>	
58. Date Received (MM/DD/YYYY) <b>OCT 14 2015</b>				59. Amendments	

DOH 422-024 January 2013

DOH 01-003 (1/15)





# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</b>			
	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 Birth 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"/> 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:

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 [www.doh.wa.gov](http://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

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

#### 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

\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

#### 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

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

### 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. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

### Marriage/Dissolution (Divorce) Certificates

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 January 2015

# CERTIFIED

OCT 14 2015

Alan Melnick  
Health Officer  
Clark County Public Health

CC00207070