


When recorded return to:
Merton Allen Foster, Jr.
The Estate of Laura M. Foster
1093 SW Briggs Road
Stevenson, WA 98648

Filed for record at the request of:

 **CHICAGO TITLE**
COMPANY OF WASHINGTON
1111 Main St, Ste 200
Vancouver, WA 98660-2987

**SKAMANIA COUNTY
REAL ESTATE EXCISE TAX**
N/A
JUN 25 2018

Escrow No.: 622-100443

DOCUMENT TITLE(S)
Lack of Probate Affidavit

PAID N/A
Shirley Ann Deputy
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

The Estate of Laura M. Foster, Deceased

☐ Additional names on page _____ of document

GRANTEE(S)

Merton Allen Foster, Jr.

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

LOT 1, R & A JONES SHORT PLAT

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

02070211020700 2m 6/25/18

Additional Tax Accounts are 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 provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

LACK OF PROBATE AFFIDAVIT

Order No.: **CL10650**To: **Clark County Title Company**

1400 Washington Street, Ste. 100

Vancouver, WA 98660

Phone: 360-694-4722

Fax: 360-694-4734

Merton Allen Foster, Jr., being first duly sworn, on oath deposes and says:

The undersigned affiant is the lawful surviving Son (relationship to decedent) of
Laura Mae Foster (decedent) who died on 2/11/18, at
Stevenson (city), Skamania (county), WA (state), then being a resident of
Stevenson (city), Skamania (county), WA (state).

A COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED.

PLEASE NOTE: Upon review of the documentation, we may require a certified copy of the death certificate to be recorded.

REGARDING DISPOSITION OF REAL PROPERTY:

- ☐ That the decedent left no Last Will and Testament and/or Community Property Agreement; or
- ☐ Decedent left a Community Property Agreement in favor of surviving spouse (a copy of which is hereto attached for review), or has been recorded under File No. _____ in _____ County; or
- ☒ Decedent left a Last Will and Testament which HAS NOT been probated or revoked (a copy of which is hereto attached for review); or
- ☐ Decedent left a Last Will and Testament which has been probated in _____ County, State of _____, under Superior Court Case No. _____

"Heirs at law" includes surviving spouse, children, adopted children, issue of a predeceased child or adopted child; if decedent left no surviving spouse or children, then affiant has listed below all of the surviving parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use reverse side, if necessary)

Full Name:- Carl E. Foster
 Age: 62
 Relationship: Son
 Address: 360 SW Highway 14 #11
Stevenson, WA 98648

Full Name:- Merton Allen Foster Jr.
 Age: 65
 Relationship: Son
 Address: 319 S Center St.
Oregon City, OR 97045

Full Name:- Paul Richard Foster, Sr.
 Age: 60
 Relationship: Son
 Address: 1093 SW. Briggs St.
Stevenson, WA 98648

Full Name:- Steven M. Foster
Age: 64
Relationship: Son
Address: 1093 SW. Briggs St.
Sturtevant, WA 98648

Full Name:-
Age:
Relationship:
Address:

Full Name:-
Age:
Relationship:
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Relationship:
Address:

Full Name:-
Age:
Relationship:
Address:

AFFIDAVIT (Lack of Probate)
Escrow #CL10650

REGARDING POTENTIAL LIENS AGAINST THE ESTATE OF THE DECEDENT:

Affiant declares that all debts of the decedent and/or the marital community, including but not limited to all of decedent's medical, funeral and burial expenses, as well as all applicable succession and/or inheritance taxes, have been fully paid, except as follows:

Affiant further declares that the decedent:

☐ HAS (or)

☒ HAS NOT received assistance from the State of Washington for assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past.

Affiant further declares that the total amount of all community property of the decedent was approximately \$210,500, and the value of all separate property was approximately \$. This affidavit is made solely to induce Clark County Title Company or its underwriter, hereinafter called "Company", to insure title to real property covered by the Company's order number as set forth above, in which decedent had an interest at the time of death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

Dated: 6/22/18

Affiant: Merton Allen Foster, Jr.

Address: 319 S Center St.
Oregon City, OR 97045

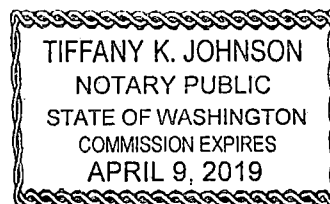
STATE OF WA,

COUNTY OF Clark } s.s. }

I certify that I know or have satisfactory evidence that Merton Allen Foster, Jr. is/are the person(s) who appeared before me, and said person[s] acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 6/22/18

Notary Public in and for the State of Washington
 Residing at Battle Ground
 My appointment expires: 4/9/19



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-007262

DATE ISSUED: 02/26/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LAURA MAE
LAST NAME(S): FOSTER

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: FEBRUARY 11, 2018

HOUR OF DEATH: 01:10 PM

SEX: FEMALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: NOVEMBER 10, 1931

BIRTHPLACE: DERUYTER, NY

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: KEY PUNCH OPERATOR

INDUSTRY: SHIPPING

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: PAMELA FOSTER

RELATIONSHIP: DAUGHTER-IN-LAW

ADDRESS: 319 S CENTER ST, OREGON CITY, OR 97045

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA

INTERVAL: 20 DAYS

B: INFLUENZA A

INTERVAL: 20 DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE KIDNEY INJURY,
CONGESTIVE HEART FAILURE, DIABETES

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

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: 1093 SW BRIGGS ST

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 1093 SW BRIGGS ST

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: THOMAS W WHORRALL

MOTHER/PARENT: LYDIA CRANDELL

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PUGET SOUND CREMATORY

CITY, STATE: PUYALLUP, WASHINGTON

DISPOSITION DATE: FEBRUARY 16, 2018

FUNERAL FACILITY: CREMATION SOCIETY OF WASHINGTON

ADDRESS: PO BOX 7506

CITY, STATE, ZIP: TACOMA, WASHINGTON 98417

FUNERAL DIRECTOR: TIMOTHY GRANT

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS, IF FEMALE: NO RESPONSE

CERTIFIER NAME: CONNIE STROM, PAC

TITLE: PHYSICIAN ASSISTANT

CERTIFIER ADDRESS: 65371 HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WA 98672

DATE SIGNED: FEBRUARY 15, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AIMEE N. WILKERSON

DATE RECEIVED: FEBRUARY 15, 2018

Original



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:
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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:	Printed name:
Date:	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

FEB 26 2018

Alan Melnick
Alan Melnick
Health Officer
Skamania Co. Public Health



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