

WHEN RECORDED RETURN TO:

Rolf Semprebon
334 SE 21st Ave
Portland OR 97214

33347
SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

JUL - 9 2018

PAID Exempt
by deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

DECEASED:

JOAN ARLENE SEMPREBON

SURVIVING SPOUSE

Rolf T. Semprebon, an unmarried man

ABBREVIATED LEGAL DESCRIPTION:

Lots 8 & 9 Blk A TOWN OF CARSON Bk A/Pg , records of Skamania County, Washington.

TAX PARCEL NUMBER(S):

03-08-29-1-1-2400-00

Skamania County Assessor
Date 7-9-18 Parcel# 3-8-29-1-1-2400

After recording, return to:

Rolf Semperebur
334 SE 21st Ave
Portland, OR 97214

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

STATE OF Washington
COUNTY OF Skamania

SS:

The undersigned, ROLF T SEMPREBUR, executes this affidavit relating to the estate of JOAN ARLENE SEMPREBUR (herein "Decedent"), who died on Dec 24, 2017, in the County of PIERCE, State of WASHINGTON, then being a resident of the City of PORTLAND, County of MULTNOMAH, State of OREGON. (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

No children

(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 _____

Name & relationship _____

Name & relationship _____

Name & 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:

[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: July 5, 2018




(Signature) ROLF TODD SEMPERBON

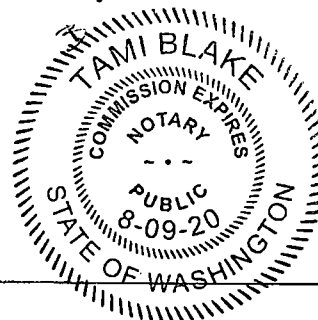
(Print or type full name)

34 SE 2nd Ave, Portland OR 97214
 (Full address and telephone number)

State of Washington
 County of Skamania

SUBSCRIBED and SWORN TO before me this 5th day of July, 2018
 by Rolf Todd Semperbon 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 Washington
 residing at Carson
08-09-2020



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-055606

DATE ISSUED: 01/03/2018

FEE NUMBER: 2781

FIRST AND MIDDLE NAME(S): JOAN ARLENE
LAST NAME(S): SEMPREBON

COUNTY OF DEATH: PIERCE
DATE OF DEATH: DECEMBER 24, 2017
HOUR OF DEATH: 07:15 PM
SEX: FEMALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: OCTOBER 12, 1954
BIRTHPLACE: RICHLAND, WA

MARITAL STATUS: MARRIED
SPOUSE: ROLF TODD SEMPREBON

OCCUPATION: EDUCATOR VIDEOGRAPHER RADIO DJ
INDUSTRY: EDUCATION AND ENTERTAINMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: ROLF T SEMPREBON
RELATIONSHIP: SPOUSE
ADDRESS: 334 SE 21ST AVE, PORTLAND, OR, 97214

CAUSE OF DEATH:
A: LEFT LUNG CANCER UNSPECIFIED WITH METASTASIS LIVER SPINE SPLEEN
INTERVAL: UNKNOWN

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: UNKNOWN

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: OTHER PERSON'S RESIDENCE
FACILITY OR ADDRESS: 2322 218TH ST
CITY, STATE, ZIP: SPANAWAY, WASHINGTON 98387

RESIDENCE STREET: 334 SE 21ST AVE
CITY, STATE, ZIP: PORTLAND, OR 97214
INSIDE CITY LIMITS: YES COUNTY: MULTNOMAH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: FREDRICK GEORGE ENSLOW
MOTHER/PARENT: ARLENE FAYE ZARSE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FIR LANE MEMORIAL PARK

CITY, STATE: SPANAWAY, WASHINGTON
DISPOSITION DATE: JANUARY 03, 2018

FUNERAL FACILITY: FIR LANE FUNERAL HOME

ADDRESS: 924 E176TH ST
CITY, STATE, ZIP: SPANAWAY, WASHINGTON 98387
FUNERAL DIRECTOR: WILLIAM WALKER


MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DAVID HUTCHASON, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: PO BOX 5200, MS 3901-1-HH
CITY, STATE, ZIP: TACOMA, WA 98415
DATE SIGNED: DECEMBER 26, 2017

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

LOCAL DEPUTY REGISTRAR: CHARA RIM
DATE RECEIVED: DECEMBER 27, 2017

 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			
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 foregoing 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:			
<ul style="list-style-type: none"> • 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		Adult (18 years or older)	
<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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			
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). 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.			
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 October 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of chapter 70.58 RCW

CERTIFIED



Anthony L-Chen
 Anthony L-Chen, MD, MPH
 DIRECTOR

DO NOT DESTROY

27052

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



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