

WHEN RECORDED RETURN TO:

Anna Gilbreath
PO Box 709
Carson, WA 98610

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

33355
JUL 12 2018

PAID Exempt
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Lyle Gilbert Gilbreath

GRANTEE:

Anna M Gilbreath, a widow

LEGAL DESCRIPTION:

Lot 47 of COLUMBIA HEIGHTS, according to the official Plat thereof, on file and of record at Page 136 of Book 'A' of Plats, in the County of Skamania, State of Washington.

TAX PARCEL NUMBER(S):

03-08-29-4-1-3800-00

Skamania County Assessor
Date 7-12-18 Parcel# 3-8-29-4-1-3800

After recording, return to:

Anna Gilbreath
PO BOX 709
Carson, WA 98610

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 Anna M. Gilbreath, executes this affidavit relating to the estate of Leyle G. Gilbreath (herein "Decedent"), who died on 1-15-2016, in the County of Skamania, State of WA, then being a resident of the City of Carson, County of Skamania, State of WA. (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

- (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 Heather A. Gilbreath Daughter

Name & relationship Ross A. Gilbreath Son

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]

See attached Exhibit A.

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: 7-11-2018, 20__

Anna M. Gilbreath
 (Signature)

Anna M. Gilbreath
 (Print or type full name)

PO Box 709 Carson WA 98610
 (Full address and telephone number)

State of Washington
 County of Skamania

SUBSCRIBED and SWORN TO before me this 11 day of July, 2018,
 by Anna M. Gilbreath, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Julie A. Andersen
 Notary Public in and for the State of WA
 residing at Carson, Washington



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-002804

DATE ISSUED: 01/25/2016

FEE NUMBER: 0002020416

GIVEN NAMES: LYLE GILBERT
LAST NAME: GILBREATH

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JANUARY 15, 2016
HOUR OF DEATH: 09:45 A.M.
SEX: MALE
AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: OCTOBER 07, 1949
BIRTHPLACE: DAYTON, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: ANNA MARIE CUNNINGHAM

OCCUPATION: FISHERIES BIOLOGIST
INDUSTRY: NATIONAL MARINE FISHERIES
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: ANNA MARIE GILBREATH
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 709 CARSON, WA 98610

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 91 JUNIPER STREET
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 91 JUNIPER STREET
CITY, STATE, ZIP: CARSON, WASHINGTON 98610
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER/PARENT: GILBERT LEE GILBREATH
MOTHER/PARENT: HAZEL MARGARET LINDLEY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE, ZIP: WHITE SALMON, WA
DISPOSITION DATE: JANUARY 25, 2016

FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:
A. CARDIORESPIRATORY COLLAPSE
INTERVAL: 1 DAY
B. METASTATIC LUNG CANCER
INTERVAL: 2 MONTHS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

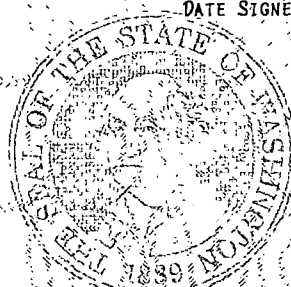
MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CHRISTOPHER FAISON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 212 SKYLINE DRIVE
CITY, STATE, ZIP: WHITE SALMON WA 98672
DATE SIGNED: JANUARY 25, 2016

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

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
DATE RECEIVED: JANUARY 25, 2016



DOH 01-003 (6/14)



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
www.doh.wa.gov

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type:	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
1. Name on record:	2. Date of Event:		3. Place of Event:	
First Middle Last			City or County	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number:
	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (Specify)			

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
(Printed Name)		

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

Birth Certificates

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the 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). 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

CERTIFIED

JAN 25 2016

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

BB00056381