

WHEN RECORDED RETURN TO:

John N. Skimas II

10500 NW 1st Ct.

Vancouver WA 98685

DOCUMENT TITLE(S)

Death Certificate + Transfer on death deed.
SKAMANIA COUNTY

REFERENCE NUMBER(S) of Documents assigned or released: REAL ESTATE EXCISE TAX

33394
JUL 31 2018

☐ Additional numbers on page _____ of document.

GRANTOR(S):

JoAnne M. Skimas

PAID EXEMPT
Gudrey Linn Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

GRANTEE(S):

John Nick Skimas II Julia E.O. Skimas
Sophia A. Skimas

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Parcel 1: SE 1/4, NE 1/4, SE 1/4

Parcel 2: S 1/2, S 1/2, SE 1/4, SE 1/4

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03072530080000

03072600190000

☐ Additional parcel numbers 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.

After recording, please return to:
 John N. Skimas II
 10500 NW 1ST Ct.
 Vancouver, WA 98685

AFFIDAVIT
Facts as to Beneficiaries of Transfer on Death Deed

The Affiant, John N. Skimas II, being first duly sworn upon oath states:
 John N. Skimas and JoAnne M. Skimas executed a **Transfer on Death Deed** dated November 16, 2017 naming John N. Skimas II, Sophia A. Skimas and Julia O.E. Skimas as joint beneficiaries of real property in Skamania County which was recorded April 5, 2018 under Auditor's No. AFN 2018000657. The real property has no legal address and is described on the attached legal description. The parcels' ID are: 03072530080000 and 03072600190000.

On May 9, 2018 John N. Skimas executed a **Quit Claim Deed** conveying all his right title and interest in the real property described in the aforesaid Transfer on Death Deed to JoAnne M. Skimas which was recorded on May 14, 2018 under Auditor's No. AFN 2018000973.


JoAnne M. Skimas died on June 1, 2018, a resident of Clark County, Washington and is the same person named in the above-mentioned Transfer on Death Deed dated November 16, 2017. A copy of her Death Certificate is attached hereto.

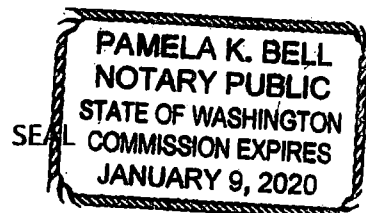
The parties named in said Transfer on Death Deed are the successors to decedent, JoAnne M. Skimas' entire interest in the real property according to the terms set forth in said Transfer on Death Deed with succession to ownership effective on the date of her death: June 1, 2018.


 John N. Skimas II

STATE OF WASHINGTON)
 COUNTY of ~~CLARK~~)
 Skamania

Signed and sworn to before me on July 31st, 2018


 Notary Public in and for the State of Washington
 Residing at Carson
 My commission expires: 1-09-2020



SCHEDULE "A"

The following described real property located in Skamania County, State of Washington:

PARCEL NO. 1: The Southeast Quarter of the Northeast Quarter of the Southeast Quarter (SE1/4 NE1/4 SE1/4); the East Half of the Southeast Quarter of the Southeast quarter (E1/2 SE1/4 SE1/4); and the Southwest Quarter of the Southeast Quarter of the Southeast Quarter (SW1/4 SE1/4 SE1/4) of Section 26, Township 3 North, Range 7 East of Willamette Meridian; **EXCEPT** the following described tract: Beginning at the Southwest corner of the Southeast ¼ of the Southeast ¼ of said Section 26; thence north 400 feet; thence east 200 feet; thence south 400 feet; thence 200 feet to the point of beginning; and, **EXCEPT** that portion thereof conveyed to Paul E. Anderson and Georgia E. Anderson, husband and wife, by deed dated October 23, 1968, described as follows: The South half of the South half of the Southeast Quarter of the Southeast Quarter (S1/2 S1/2 SE1/4 SE1/4) of said Section 26; **EXCEPT** the west 200 feet thereof and **EXCEPT** the east 40 feet thereof.

PARCEL NO. 2: The East 40 feet of the South half of the South half of the Southeast Quarter of the Southeast Quarter (S1/2 S1/2 SE 1/4 SE1/4) Section 26, Township 3 North, Range 7 East of Willamette Meridian, AND
A tract of land in the West Half of the Southwest Quarter of the Southwest Quarter (W1/2 SW1/4 SW1/4) of Section 25, Township 3 North, Range 7 East of Willamette Meridian described as follows: Beginning at the brass monument marking the Southwest corner of Section 25 : thence north 00° 35' 15" east along the west line of said section 400 feet; thence south 88° 22' 56" east 20 feet; thence south 00° 35' 15" west 400 feet to the south line of Section 25; thence north 88° 22' 56" west along said south line 20 feet to the point of beginning.

PARCEL NO. 3: All that portion of the North Half of the Southwest Quarter (N1/2 SW1/4) of Section 25, Township 3 North, Range 7 East of Willamette Meridian, lying westerly of County Road No. 2028 designated as Loop Road.
EXCEPT all that portion of the Northwest Quarter of the Northwest Quarter of the Southwest Quarter (NW1/4 NW1/4 SW1/4) of Section 25, Township 3 North, Range 7 East of Willamette Meridian lying Westerly of County Road No. 2028 designated as Loop Road, and **EXCEPT** Lots 1 and 2 of Whispering Heights S.P. according to the records of Skamania County, State of Washington.

Skamania County Assessor
Date 5-10-18 Parcel# 03-07-25-3-0-0800-00
Skamania County Assessor
Date 7-31-18 Parcel# 3-7-25-3-806
3-7-26-1906 2m

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-024442

LOCAL FILE NUMBER: 8371

DATE ISSUED: 06/05/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOANNE MARIE
LAST NAME(S): SKIMAS

COUNTY OF DEATH: CLARK
DATE OF DEATH: JUNE 01, 2018
HOUR OF DEATH: 04:45 AM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: 531-38-2371

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

BIRTH DATE: NOVEMBER 19, 1937
BIRTH PLACE: PORTLAND, OR

MARITAL STATUS: MARRIED
SPOUSE: JOHN NICK SKIMAS

OCCUPATION: PHARMACIST
INDUSTRY: PHARMACEUTICALS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: JOHN NICK SKIMAS
RELATIONSHIP: SPOUSE
ADDRESS: 8628 NW LAKESHORE AVENUE, VANCOUVER, WA 98665

CAUSE OF DEATH:
A. ADENOCARCINOMA OF THE LUNG
INTERVAL: 4 YEARS
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PLEURAL EFFUSION; LYTIC BONE LESIONS, DEEP VEIN THROMBOSIS, HYPOTHYROIDISM, OSTEOPOROSIS, HYPERTENSION, HYPERLIPIDEMIA, HISTORY OF BREAST CANCER, HISTORY OF KIDNEY CANCER

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: 8628 NW LAKESHORE AVENUE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98665

RESIDENCE STREET: 8628 NW LAKESHORE AVENUE
CITY, STATE, ZIP: VANCOUVER, WA 98665
INSIDE CITY LIMITS: NO COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER/PARENT: GEORGE HENRIKSEN
MOTHER/PARENT: MARY ELLEN DAVIS

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: CAMAS CEMETERY

CITY, STATE: CAMAS, WASHINGTON
DISPOSITION DATE: JUNE 06, 2018

FUNERAL FACILITY: HAMILTON-MYLAN FUNERAL HOME

ADDRESS: 302 WEST 11TH ST
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98660
FUNERAL DIRECTOR: DAVID R FULLER

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: SANDFORD B. PLANT, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WA 98668
DATE SIGNED: JUNE 01, 2018

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

LOCAL DEPUTY REGISTRAR: ELLEN WELSH
DATE RECEIVED: JUNE 04, 2018



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 information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ 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 2nd 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.

<p>Child under 18</p> <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 	<p>Adult (18 years or older)</p> <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
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*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

JUN 05 2018

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health



0 1 8 7 2 1 6 3



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