

After recording, return to:
Claud D. Courtney
1951 Mt. Pleasant Road
Washougal, WA 98671

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
33526
OCT 15 2018

PAID EXEMPT
Sheila R. Courtney
SKAMANIA COUNTY TREASURER

Grantor (Name of Decedent): Claud D. Courtney Sheila R. Courtney
Grantee (Heirs): Claud D. Courtney
Abbreviated Legal Description: Lot 1 D. Schneider 3/149
Tax Parcel No.(s): 01.05.03.3.0.0903.00

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington

COUNTY OF Skamania

The undersigned, Claud D. Courtney executes this affidavit relating to the estate of Sheila R. Courtney (herein "Decedent"), who died on Oct 19, 2011, in the County of Clark, State of Washington, then being a resident of the City of Washougal, County of Skamania, 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.

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

☐ other (identify): _____

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: Claud D. Courtney husband

Name and relationship: _____

Name and relationship: _____

Name and 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:

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.

Claud D. Courtney
 Signature

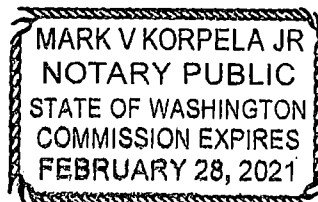
10-8-18
 Date

Claud D. Courtney
 Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 10/8/18 by Claud D. Courtney
 (name of person making statement).



Name: Mark V. Korpele Jr.
 Notary Public in and for the State of
 Washington,
 Residing at: Woodland
 My appointment expires: 2-28-21

ORDER NO. S18-0456KM

EXHIBIT "A"

A Tract of land in the Southwest Quarter of Section 3, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

Lot 1 of the D. SCHNEIDER Short Plate, recorded in Book 3 of Short Plats, Page 149, Skamania County Records.

Skamania County Assessor

Date 10/15/18 Parcel# 1-5-3-3-903
G.S.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
2397							
1. Legal Name (include AKA's if any): First Middle LAST Suffix Sheila Renee Courtney					2. Death Date October 19, 2011		
3. Sex (M/F) F	4a. Age - Last Birthday 38	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Clark		
Birthdate January 8, 1973		8a. Birthplace (City, Town, or County) Vancouver		8b. (State or Foreign Country) Washington	9. Decedent's Education Associate Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1951 Mt. Pleasant Road					13b. City or Town Washougal		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98671	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: 9.5 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Claud Daniel Courtney			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Register Nurse				18. Kind of Business/Industry (Do not use Company Name) Health Care			
19. Father's Name (First, Middle, Last, Suffix) Robert LeRoy Mobley				20. Mother's Name Before First Marriage (First, Middle, Last) Diane Edna Huffman			
21. Informant's Name Claud D. Courtney		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1951 Mt. Pleasant Road Washougal WA 98671			
24. Place of Death, if Death Occurred in a Hospital: Hospice Facility					25. Facility Name, (If not a facility, give number & street or location) Ray Hickey Hospice House		
26a. City, Town, or Location of Death Vancouver					26b. State WA	27. Zip Code 98661	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Evergreen Memorial Gardens Crematory			30. Location-City/Town, and State Vancouver Washington		
31. Name and Complete Address of Funeral Facility Evergreen Memorial Gardens Funeral Chapel Vancouver, WA 98684					32. Date of Disposition October 21, 2011		
33. Funeral Director Signature X							
Cause of Death (See Instructions and examples)							
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.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Brain metastases			Interval between Onset & Death 3 yrs 5 mo		
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. metastatic breast cancer			Interval between Onset & Death 6 yrs 4 mo		
		c. Stage III B left breast cancer			Interval between Onset & Death 8 yrs 6 mo		
		d.			Interval between Onset & Death		
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 checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: 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. Kathryn S. Kolibaba M.D.					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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Kathryn Kolibaba MD 210 SE 136 th Ave, Vancouver, WA 98684					50. Hour of Death (24hrs) 0408		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (mm/dd/yyyy) 10/19/2011		
53. Title of Certifier M.D.		54. License Number 34066		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature					58. Date Received Oct 20 2011		
59. Amendments APC #1 EW 10/21/11							

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (10/15)



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

Required	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
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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):
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Printed name:	Date:	Printed name:	Date:
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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

CERTIFIED

MAY 20 2016

Alan Melnick
Health Officer
Clark County Public Health

FF00003508