

WHEN RECORDED RETURN TO:

Donna Rush
PO Box 1066
Stevenson, WA 98648

DOCUMENT TITLE(S): Inheritance Lack of Probate Affidavit	
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:	
GRANTOR: Norma Ilene Wilson	SKAMANIA COUNTY REAL ESTATE EXCISE TAX 33534 OCT 18 2018
GRANTEE: Donna Rush, being the surviving heir of Norma I. Wilson, deceased, as her separate estate	PAID <u>EXEMPT</u> <i>Clifford R. Ross Deputy</i> SKAMANIA COUNTY TREASURER
LEGAL DESCRIPTION: The North 20 feet of Lot 7 and all of Lot 8 except the North 15 feet thereof, all in Block 4, SECOND ADDITION TO HILL CREST ACRE TRACTS, according to the recorded Plat thereof, recorded in Book A of Plats, page 100, in the County of Skamania, State of Washington.	
TAX PARCEL NUMBER(S): 03-75-36-2-3-2200-00 <i>(circled)</i>	Skamania County Assessor Date <u>10-18-18</u> Parcel# <u>3-75-36-2-3-2200</u> <i>(circled)</i>

After recording, return to:

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

STATE OF Washington)

SS:

COUNTY OF Skamania)

The undersigned, Donna Rush, executes this affidavit relating to the estate of Norma Irene Wilson (herein "Decedent"), who died on Sept 6, 2018, in the County of Clark, State of Washington, then being a resident of the City of Stevenson, 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 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 Donna Rush - daughter

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]

see attached

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: October 1, 2018

Donna Rush

(Signature)
Donna Rush

(Print or type full name)

PO Box 1066 Stevenson, WA 98648

(Full address and telephone number)

509 4275458

State of Washington
County of Skamania

SUBSCRIBED and SWORN TO before me this 1 day of October, 2018
by Donna Rush, 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: 2018-040072

LOCAL FILE NUMBER: 9350

DATE ISSUED: 09/14/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): NORMA ILENE
LAST NAME(S): WILSON

COUNTY OF DEATH: CLARK
DATE OF DEATH: SEPTEMBER 06, 2018
HOUR OF DEATH: 04:40 AM
SEX: FEMALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2432 NW FARGO STREET
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

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

RESIDENCE STREET: 2432 NW FARGO STREET
CITY, STATE, ZIP: CAMAS, WA 98607
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 MONTHS

BIRTH DATE: JULY 04, 1927
BIRTHPLACE: COLUMBUS, OH

FATHER/PARENT: ORMAN J SALYER
MOTHER/PARENT: LEITHA ELEANOR EHRET

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: OTHER
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

OCCUPATION: REGISTERED NURSE
INDUSTRY: HEALTHCARE INDUSTRY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: SEPTEMBER 17, 2018

INFORMANT: DONNA L RUSH
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 1066 STEVENSON, WA 98648

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661
FUNERAL DIRECTOR: NICHOLAS R. BROWN

CAUSE OF DEATH:
A: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

INTERVAL: UNKNOWN

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE PROTEIN CALORIE
MALNUTRITION, PARKINSON'S DISEASE

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: GREGORY B. SCOTT, DO
TITLE: DO
CERTIFIER ADDRESS: 417 SE 164TH AVE
CITY, STATE, ZIP: VANCOUVER, WA 98684
DATE SIGNED: SEPTEMBER 13, 2018

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: GREGORY SCOTT, PA

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TARA VAWTER
DATE RECEIVED: SEPTEMBER 14, 2018