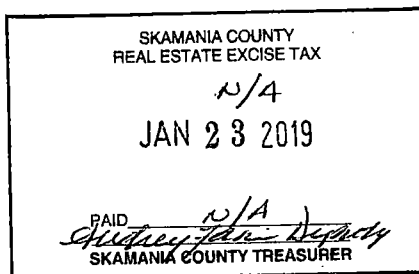


Return Address:

Elizabeth Kaye Hogan  
112 Carr Rd.  
Cook, WA 98605



**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Sheilah Nelson, being first duly sworn  
*Name of Affiant*

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is daughter

*Relationship to decedent*

of Carl Lars Nielsen, who died on 09/30/1998

*Decedent/Grantor*

*Date*

at White Salmon

*City*

Klickitat

*County*

WA

*State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Legal Description:

A tract of land in Section 14, Township 3 North, Range 9 East of the Willamette Meridian County of Skamania, State of Washington, more particularly described as follows: Beginning at the Southeast Corner of the West Half of said Lot 2; thence North along the East line of said Lot 2 a distance of 142 feet to the true Point of Beginning; thence North along the East line of the West Half of said Lot 2 a distance of 100 feet; thence West 90 feet; thence South 100 feet, thence East 90 feet to the East Line of the West Half of said Lot 2 to the true Point of Beginning.

Assessor's Property Tax Parcel/Account Number: 03091420090100

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Patricia Bagley-Hill Daughter  
Age 75 - Sister

5814 SE Lambert, Portland OR 97206

Full name, age, relationship, address

Chris L Nielsen Age 63 SON

CARSON WA 98610 P.O. Box 694

Full name, age, relationship, address

Sheilah Nelson Age 65 Daughter

1410 Rockford RD, Hood River OR 97031

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 12-3-2018

Affiant's full name

Sheilah C Nelson

Telephone number

541-490-9687 1410 Rockford Rd.Hood River

City

OR

State

97031

Zip Code

Sheilah C. Nelson

Signature

12-3-2018

Date

State of OregonCounty of Hood River

I know or have satisfactory evidence that

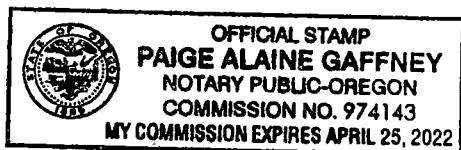
Sheilah C. Nelson

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12/03/18(SEAL OR  
STAMP)Paige Gaffney

Signature of Notary Public

Residing at: State of Oregon County of Hood River.Notary Public in and for the State of Oregon.My appointment expires: April 25, 2022.



## DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

NAME First: Carl Middle: Lars Last: NIELSEN		2. SEX (M/F)	3. DEATH DATE (Mo., Day, Yr.) September 30, 1998
4. AGE LAST BIRTHDAY (Yrs.) 80	5. UNDER 1 YEAR MOS. DAYS HOURS MINS.	7. BIRTHDATE (Mo., Day, Yr.) 10/24/1917	8. BIRTHPLACE (City, State or Foreign Country) Beaverton, OR
11. CITY/TOWN OR LOCATION OF DEATH White Salmon		12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM OUT PTN 4. CHOSP 5. NUR HOME 6. OTHER PLACE Skyline Hospital	
13. SMOKING IN LAST 15 YEARS? (Yes/No) No		10. COUNTY OF DEATH Klickitat	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO. [REDACTED]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/secondary (0-12) 2 College (1-4 or 5+)		21. RACE (Specify) White	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator		19. KIND OF BUSINESS OR INDUSTRY Grocery Store	
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify, Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		22. RESIDENCE - NUMBER AND STREET 32 Fir Lane	
23. CITY/TOWN OR LOCATION Skamania		24. INSIDE CITY LIMITS? (Yes/No) Yes	25. COUNTY Cook
26. LENGTH OF RES. IN CO. 65 yrs		27. STATE WA	28. ZIP CODE 98605
29. FATHER'S NAME - FIRST, MIDDLE, LAST Martin - Nielsen		30. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Elizabeth - Austin	
31. INFORMANT - NAME Patricia Bagley-Hill		32. MAILING ADDRESS - STREET OR RD NO., CITY OR TOWN, STATE, ZIP 5814 SE Lambert St., Portland, OR 97206	
33. BURIAL CREMATION - REMOVAL, OTHER (Specify) Cremation		34. DATE (Mo., Day, Yr.) 10-15-98	
35. CEMETERY/CREMATORY - NAME Ross Hollywood Crematory		36. LOCATION - CITY/TOWN, STATE Portland, Oregon	
37. FUNERAL DIRECTOR SIGNATURE [Signature]		38. NAME OF FACILITY Ross Hollywood Chapel	
39. ADDRESS OF FACILITY 4733 NE Thompson Portland, OR 97213			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE, AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] M.D.		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]	
40. DATE SIGNED (Mo., Day, Yr.) 10/21/98		41. HOUR OF DEATH (24 Hrs.) 00:18	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		44. DATE SIGNED (Mo., Day, Yr.)	
45. HOUR OF DEATH (24 Hrs.)		46. PRONOUNCED DEAD (Mo., Day, Yr.)	
47. HOUR PRONOUNCED DEAD (24 Hrs.)		48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James Janney, M.D.; P.O. Box 1519, White Salmon, WA 98672	
49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Aseptic		INTERVAL BETWEEN ONSET AND DEATH [Signature]	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE None		52. AUTOPSY? (Yes/No) No	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No			
54. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) No		55. INJURY DATE (Mo., Day, Yr.)	
56. PLACE OF INJURY - AT HOME, FARM, STREET, CITY OFFICE, SCHOOL, BOAT, ETC. (Specify) [REDACTED]		57. DESCRIBE HOW INJURY OCCURRED [REDACTED]	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY - AT HOME, FARM, STREET, CITY OFFICE, SCHOOL, BOAT, ETC. (Specify) [REDACTED]	
60. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: DATE: [Signature]		63. DATE RECEIVED (Mo., Day, Yr.) OCT 19 1998	



**USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY****ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

NUMBER OF CERTIFICATES		FEE NUMBER		INITIALS		DATE		AFFIDAVIT NUMBER	
<b>STATE OFFICE USE ONLY</b>					<b>STATE OFFICE USE ONLY</b>				
The record of		Birth <input type="checkbox"/>		Marriage <input type="checkbox"/>		1. STATE FILE NUMBER		for	
		Death <input type="checkbox"/>		Dissolution <input type="checkbox"/>					
2. NAME		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)					
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)				6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)					
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:									
THE RECORD NOW SHOWS:					THE TRUE FACT IS:				
7.					8.				
9.					10.				
11.					12.				
13.					14.				
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY					15.				

PHONE NUMBER:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS
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DCH 110-007 (Rev. 8/86)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**Birth Certificates**

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
3. 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.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of documents of proof:
 

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
6. Surname changes require a certified copy of a court-ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
8. This affidavit cannot be used to add a father to a birth certificate.

**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.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
 Center for Health Statistics  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

This is a legal document.  
 Complete in ink and do not alter.

**CERTIFIED****OCT 19 1998**

  
 Larry D. Jecna, M.D.  
 Klickitat County Health Department