

After recording, return to:
1499 SE Tech Center Pl
Ste 100
Vancouver WA 98683

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

STATE OF WA)

COUNTY OF Clark) SS:

The undersigned, Daryl E Madden,
By Kerry Hatcher, POB executes this affidavit relating to the estate of
Olive E. Madden (herein "Decedent"), who died on 11-21-2013, in the
County of Clark, State of Washington, then being a resident of the City of
Washougal, County of Clark, 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

SKAMANIA COUNTY REAL ESTATE EXCISE TAX 33716
MAR 11 2019
PAID EXEMPT <i>[Signature]</i> SKAMANIA COUNTY TREASURER

(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 Daryl E Madden, son

Name & relationship Ronald D. Madden, son

Name & relationship Janette G. Cajka, daughter

Name & relationship Glenn Madden, grandson

Tamara J. Madden aka Tammie Ladd, granddaughter

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]

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: March 6th, 2019

Kerry Hatcher
 (Signature)

Daryl E. Madden - By Kerry Hatcher, POA
 (Print or type full name)

(Full address and telephone number)

State of WA
 County of Clark

SUBSCRIBED and SWORN TO before me this 6th day of March, 2019,
 by Kerry Hatcher POA proved to me on the basis of satisfactory evidence to be the person who
 appeared before me, for Daryl Madden

Melissa Lucore Murray
 Notary Public in and for the State of WA
 residing at Vancouver

MELISSA LUCORE MURRAY
 NOTARY PUBLIC
 STATE OF WASHINGTON
 COMMISSION EXPIRES
 JULY 15, 2019

STATE OF WASHINGTON DEPARTMENT OF HEALTH									
Local File Number: 2794		Washington State Certificate of Death				State File Number			
1. Legal Name (Include AKA's if any) - First Middle LAST Olive Elizabeth Madden					2. Death Date Nov. 21, 2013				
3. Sex (M/F) Female		4a. Age - Last Birthday 95		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]	
6. County of Death Clark		7. Birthdate Sept. 12, 1918		8a. Birthplace (City, Town, or County) Corvallis		8b. (State or Foreign Country) Oregon		9. Decedent's Education Some College Credit	
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.) 34004 SE 34th Street						13b. City or Town Washougal			
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington		13f. Zip Code + 4 98671		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 59 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) N/A					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker					18. Kind of Business/Industry (Do not use Company Name) Own Home				
19. Father's Name (First, Middle, Last, Suffix) Roy L. Bartram					20. Mother's Name Before First Marriage (First, Middle, Last) Bertha I. Totten				
21. Informant's Name Janette Ceika		22. Relationship to Decedent Daughter		23. Mailing Address: - Number and Street or RFD No. City or Town State Zip 34004 SE 34th Street Washougal WA 98671					
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home					25. Facility Name (If not a facility, give number & street or location) 34004 SE 34th Street				
26a. City, Town, or Location of Death Washougal		26b. State WA		27. Zip Code 98671					
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lone Rock Cemetery		30. Location-City/Town, and State Lone Rock, Oregon					
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Avenue Camas WA 98607					32. Date of Disposition Nov. 30, 2013				
33. Funeral Director Signature <i>[Signature]</i>									
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. lung mass (presumed cancer)									
35. Other significant conditions contributing to death but not resulting in the underlying cause given above CAD, Depression, dementia, osteoporosis									
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 type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 checked="" type="checkbox"/> Probably <input 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: Apt No. City or Town: County: State: Zip Code + 4:									
46. Describe how injury occurred: <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. <i>[Signature]</i>					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. <i>[Signature]</i>				
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. [Name] MD MPH 3245 NE 3rd Ave, Camas 98607					50. Hour of Death (24hrs) 0030 Hours				
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) 11-21-2013				
53. Title of Certifier MD		54. License Number 1000000000		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature <i>[Signature]</i>					58. Date Received (MM/DD/YYYY) NOV 22 2013				
59. Amendments									

NOT VALID IF PHOTOCOPIED OR ALTERED

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	
Required	Required information must match current information on record								
	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"/> Parent(s)		<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> 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 forgoing is true and correct									
16a. Signature:					16b. Signature of 2 nd 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:									
<ul style="list-style-type: none">• 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									
1. 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.									
2. 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.									
3. Documentary proof must be five or more years old or established within five years of birth.									
Child under 18					Adult (18 years or older)				
<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					<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				
*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									
1. 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.									
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.									
Marriage/Dissolution (Divorce) Certificates									
1. 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.									
2. 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



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

CERTIFIED

FEB 28 2019

Alan Melnick, MD, MPH, CPH
Health Officer
Clark County Public Health



0 2 0 9 6 1 0 4