

**WHEN RECORDED RETURN TO:**

Darla or Edward Colbert  
3 Marble Mtn.  
Cougar, WA 98616

**DOCUMENT TITLE(S)**

Small Estate Affidavit / Death Certificate

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

Darla D. Colbert, Personal Representative for  
Ricky A. Colbert

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

Darla D. Colbert  
Edward A. Colbert

☐ Additional names on page \_\_\_\_ of document.

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

Lot 2 of Short Plat recorded in Book 3 of Short Plats  
on Page 286 records of Skamania County

☐ Complete legal on page \_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

07 06 18 4 0 0401 00 (DW)

Skamania County Assessor

Date 4-17-19 Parcel# 7-6-18-4-401 (DW)

☐ 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.

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

33760

APR 17 2019

PAID EXEMPT  
Audrey M. Deputy  
SKAMANIA COUNTY TREASURER

### SMALL ESTATE AFFIDAVIT

STATE OF WASHINGTON )

: ss.

COUNTY OF CLARK )

**DARLA D. COLBERT**, being first duly sworn, upon oath deposes and says:

1. This affidavit is made pursuant to RCW 11.62.010 for the purpose of supplying information for record pertaining to the estate of **RICKY ALLEN COLBERT**, deceased, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with any and all property which is subject to probate, including but not limited to:

Columbia Credit Union Checking Account No. xxx3748  
Columbia Credit Union Savings Account No. xxx3757

2. **RICKY ALLEN COLBERT** died on October 19, 2018, in Vancouver, Washington and was a resident of the state of Washington at the time of his death. A copy of the Death Certificate is attached hereto. On September 5, 2000 Decedent executed his Last Will and Testament naming his mother, Darla D. Colbert, as the Personal Representative. The Will directs that the entirety of decedent's estate is given to his son, Tyler Taro Colbert.

3. **DARLA D. COLBERT**, the person nominated in Decedent's Last Will and Testament, Claiming Successor and affiant, resides at:

3 Marble Mtn.  
Cougar WA 98616

4. Affiant is the mother of the decedent, and the personal representative of the decedent's will and is a successor as defined in RCW 11.62.005. .

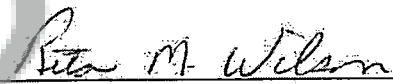
5. That the value of the decedent's entire estate subject to probate, wherever located, less liens and encumbrances, does not exceed one hundred thousand dollars (\$100,000.00).

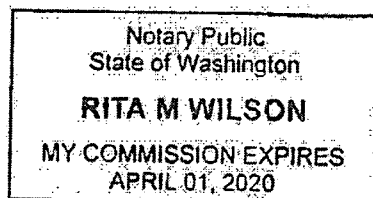
6. That forty (40) days have elapsed since the death of the decedent;
7. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction;
8. That all debts of the decedent including funeral and burial expenses have been paid or provided for;
9. That the claiming successor has given written notice of this claim to the other successors of the decedent, Tyler Taro Colbert and Jennifer L. Colbert, and they have authorized distribution to me per their attached signatures.
10. That the claiming successor is either personally entitled to full payment or delivery of the property claimed or is entitled to full payment or delivery thereof on the behalf and with the written authority of all other successors who have an interest therein.
11. The value of the decedent's estate and these facts and representations set out herein are within the personal knowledge of your affiant, and may be relied upon by all persons dealing with the assets of said decedent.

DATED this 5<sup>th</sup> day of December, 2018.

  
DARLA D. COLBERT

SIGNED AND SWORN to before me this 5<sup>th</sup> day of December, 2018, by  
DARLA D. COLBERT.

  
NOTARY PUBLIC in and for the State of  
Washington; my appointment expires: 4-1-20



The undersigned hereby consent to Darla D. Colbert receiving the aforementioned Columbia Bank accounts as personal representative of the estate of Ricky Allen Colbert.

*Tyler Taro Colbert*  
Tyler Taro Colbert (Son of Decedent)  
605 NW Kings Blvd  
Corvallis, OR 97330

12/9/18  
Date

*Jennifer L. Colbert*  
Jennifer L. Colbert (Spouse of Decedent)  
1511 SW 13<sup>th</sup> Avenue - Apt 107  
Battle Ground, WA 98604

12/5/18  
Date



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-046069

LOCAL FILE NUMBER: 9712

DATE ISSUED: 10/30/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICKY ALLEN

LAST NAME(S): COLBERT

COUNTY OF DEATH: CLARK

DATE OF DEATH: OCTOBER 19, 2018

HOUR OF DEATH: 04:39 PM

SEX: MALE

AGE: 47 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE, JAPANESE

BIRTH DATE: NOVEMBER 09, 1970

BIRTH PLACE: EVERETT, WA

MARITAL STATUS: MARRIED

SPOUSE: JENNIFER LOUISE WANN

OCCUPATION: CEMENT MASON

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: JENNIFER L COLBERT

RELATIONSHIP: WIFE

ADDRESS: 811 NW 13TH AVENUE, BATTLE GROUND, WA 98604

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: 68 MINUTES

B: PULSELESS ELECTRICAL ACTIVITY

INTERVAL: 68 MINUTES

C: ST ELEVATION MYOCARDIAL INFARCTION

INTERVAL: UNKNOWN

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION; DEEP VEIN THROMBOSIS

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: EMERGENCY ROOM

FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 811 NW 13TH AVENUE

CITY, STATE, ZIP: BATTLE GROUND, WA 98604

INSIDE CITY LIMITS: YES

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: EDWARD ALLEN COLBERT

MOTHER/PARENT: DARLA DELLENE KEITH

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: OCTOBER 24, 2018

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL CHAPEL

ADDRESS: 1101 NE 112TH AVE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684

FUNERAL DIRECTOR: JOHN J. HARRISON

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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: JASON HANLEY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PLACE

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: OCTOBER 23, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TARA VAWTER

DATE RECEIVED: OCTOBER 24, 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

<b>Required</b>	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

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<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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

OCT 30 2018

*Alan Melnick*

Alan Melnick  
Health Officer

Clark County Public Health



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