		•		
⇒.				
, 9		:	• •	
•				
			•	
•	•	-	,	
•	AGO		•	•
	After recording, return to:		•	
-	Jerry Carter 2025 Thobatts Dive apt # 100 Longview, Wa 198632	CKAMANIA COURT		
•	2025 11000005 10000	SKAMANIA COUNTY REAL ESTATE EXCISE	TAX	, -
	apt#100	12/A		
•	I provide lea	JUN - 3 201	9	
	98632	*,		
•		PAID N/A	100 6)
	• •	SKAMANIA COUNTY TREAS	SURER	
•	INHERITANCE LACK (OF PROBATE A FIDAVIT		
	(To Be Recorded for Excise Tax Affiday	it Claiming Exemptory	fer of Ownership	
•	marr or Hade	The state of the	5)	
•	STATE OF Washington)	S NOTARY &	Č)	
	COUNTY OF SKEMANIA) SS:	PUBLIC W	[]	•
	Caulitz	ACH 22 20 X	<i>§</i> / ▲	
	The undersigned, Jerry Carter	Exemples this attrib	it relating to the estat	e of
• ;	Many Laise Carter thereis	n "Decedent"), who died on _	1-15-a012,in	the
	County of Skamania State of Washi	NGTON, then being a resid	ent of the City of	
:	Carson , county of SKa		to the state of the state of	. (A
•	copy of the death certificate is attached hereto.)		J	
_	The undersigned, being first duly sworn, on eath deposes	and cave	, ,	
	This Affidavit is to be recorded as an affirmation of		intial bainta tha inc	,
	described below.	racts showing that I am the He	urrat tert to are blob	eny
- 1			•	
	Relationship of the Affiant to the Decedent		s.	
	2. The undersigned is (check one):			
	the lawful surviving spouse of the Decedent	,,		,
	☐ Registered domestic partner of the Decedent	NOW THE PERSON AND REAL PROPERTY OF STATE AND ASSESSED ASSESSED ASSESSED.		and the state of t
•	☐ Surviving child of the Decedent		**	
•	One of the joint tenants named in that certain in	strument creating a joint tenan	cy with a right of	
	survivorship identified in that certain deed recor		dd/yyyy], under Recor	viino
**	No, in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	□ other (identify:)	· · · · · · · · · · · · · · · · · · ·		
			- '	
	Names of All Heirs of the Decedent	-		
:	 That all the heirs at law and next of kin of the deced below. Heirs at law and next of kin of decedent inch (a) a spouse or registered domestic partner, and 	ide, but are not limited to:	decedent's death are	listed
				•
		i e		

AFN #2019000911 Recorded Jun 03, 2019 02:29 PM DocType: ALP Filed by: COLUMBIA GORGE TITLE Page: 1 of 4 File Fee: \$102.00 Auditor Robert J. Waymire

[Use the reverse side or attaching a list if necessary)]

Name & relationship

(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).

Name & Tesationismp_DFDT & TTTTT TTCET ANTIQUECT
Name & relationship Michael Jerry Carter, Son
Name & relationship Tammy Lee Johnson, daughter
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 SKawnia State of Washington, and described as follows:
[INSERT either complete legal description, or refer to attachment for full legal description]
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.
(Signature) (Print or type full name) (Print or type full name)
(Full address and telephone number) State of WOSIINGHON County of DWUHZ
SUBSCRIBED and SWORN TO before me this 31 day of May 2019, by Project Cavier proved to me on the basis of satisfactory evidence to be the person who appeared before me. Marshallaig Luciel

AFN #2019000911 Page: 3 of 4

CANAL STATE OF WASHINGTON VALVEY	X
A CONTROL OF HEALTH AND A CONT	
LagatName: inches AKS: Vary: First Middle LAST Suffix 2: Leath: Date Mary Louise CARTER Jan. 15, 2012	
3. Sex / (Mp) 4a. Age Last Birthday 4b. Under T Year 4c. Under T Day 5: Social Security Number 8: County of Death 7 Months Days Hours Minutes Skamara 1a.	
7 Birthdate 8a Birthplace (City, Town, o. County) 8b. (State or Foreign Country) 9. Decedent's Education Some College, No. Degree 10. Was Decedent of Hispanic Origin? (Yes of No) if yes, specify [13]. Decedent's Race(s)	er in U.S.
No White Affréd Forcès? 5 13a, Residence: Number and Street (e.g., 624 SE 5" St.) (Include Apt. No.). 2391: Wind River Highway Carson	No 🧸
13c: Residence: County 13d: Tribat Reservation Name (f applicable) 13e: State or Foreign Country 13f. Zip Code 4 13g. Inside City.Lim Skamania 98610 13g. Inside City.Lim Washington 98610 13g. Inside City.Lim Place Signal 13g. Inside City.Lim Skamania 13g. Inside Cit	
32 Years Married Jerry Carter 17. Usual Occupation (Indicate type of work done dufing most of working life (DO NOT USE RETIRED) 18. Kind of Business/Indiustry (Do not use Company Name) Homemaker	
19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last) Willma Pauline Heavood	
21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RED No. City of Town State 21. PO Box 327. Carson, WA 98610 Place of Death if Death Occurred Somewhere Other than a Hospital:	
Decedent's Residence 25. Facility Name (I'not a facility give number a street or location) 26. City, Town, or Location of Death (26b, State) 27. Zp Code (2391, Wind River Highway) 28. Carson WA 98610	
28. Method of Disposition 29. Place of Final Disposition (Name of cometer), crematory, other place) 30. Location-City/Town, and State Columbia River Crematory White Salmon, Washing 31. Name and Complete Address of Funeral Facility 32. Date of Disposition	ton
Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672 23 2012	9%
Cause of Death (See Instructions and examples) 34. Enter the chain of events - diseases, injuries, of complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arres	st, or
Ventricular fibrillation without showing the etiology De Not ABBREVIATE, Add-additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death)	
Due to (or as a consequence of): Sequentially list conditions: if any; leading to the cause itsied on line a Enter the Due to (or as a consequence of): UNDERLY,ING-CAUSE (disease of injure or in	
that initiated the events resulting in death) LAST Dige to (offase or inseguence of): 2 (interval between Onset)	& Death
35: Other stanificant conditions contributing to death but not resulting in the underlying cause given above 36. Autops 37. Were autopsy findings available complete the Cause of Death 7. Yes 2. No 1. Yes 3. No	able to
39. If female	
☐ Accident ☐ Undetermined ☐ Pregnant at time of death ☐ Not pregnant 43 days to 1 year before death ☐ Yes ☐ Probably ☐ Suicide ☐ Pending ☐ Unknown if pregnant within the past year ☐ Who ☐ Unknown if pregnant within the past year ☐ ☐	m
45. Location of Injury: Number & Street Apt No. Clayor Town: State: - Zp. Code+ 4:	37.0
46: Describe how injury occurred	
☐ Driver/Operation ☐ Pedestrian ☐ Passenger ☐ Other (Specify)	
,看到一块大小一位多点的 [1] 大小,一一大小的一样,不少有一个一个人,不多一个一个一个多点,不是一个人,一点的时间对于我们的人的现在分词,但是这种的人的人,	
Passenger Other (Specify) 48b. Medical Examiner/Coroner On the basis of examination, and/or investigation, in its	
### Passenger Dother (Specify) ### 48b. Medical Examiner/Coroner On the basis of examination, and/or investigation, into place and que to this cause(s) and mariner elated. #### 48b. Medical Examiner/Coroner On the basis of examination, and/or investigation, into opinion, death occurred at the time, date, and the to this cause(s) and manner. ###################################	stated

1		· .
· COA	Washington State D	epartment of
	Ноп	lth
342	1.1.00	V 1 . L

Affidavit for Correction

Center for Health Statistics

PO. Box 47814 Olympia, WA 98504-7814

	MULL			ete in ink and do n	ot alter. (360) 23	86-4300
State File No	isia (1966) Imber	Fee Number	STATE OFFICE U	Initials Date	45775365184848465558 <u>.</u>	Affidavit Number
Tall tagist		Use the section belo	w for requesting	any changes on	he record.	
Record Ty	pe: Birth		eath			Dissolution
1. Name o	on record:		•	2. Date of Event:	3. Place o	of Event: (City or County)
4. Father's	Full Name (For Birth): (Husband for Marriage or Diss	clution) 5. N	l fother's Full Name	(For Birth): (Wife for Ma	rriage or Dissolution)
	·	The Record	l is Incorrect or In	complete as follows	3:	
_	The Rec	ord now shows:		,	The True fact is:	
6.	·	•	7.			
8.			9.	*		
10.			11:	_/		
12.	`,		13.		1	3.*
14. I repre	sent the person as	: Self Paren	t 🗌 Guardian	. ☐ Informa	nt Telephone	Number:
	, , , , , , , , , , , , , , , , , , ,	☐ Funeral Director		ecify)		
		erjury under the laws of		nington that the for	going is true and	Lcorrect.
15. Signat	ure:	16. Date:	17. Address:			#
All vital reco	rds are registered as re	ceived. An item may be char	nged by affidavit only	once. Subsequent chan	ges must be made b	y court order.
Examples of	documentary proof: (by documentary proof sub Certificate of Naturalization	mitted with the affida Medical Record	School Tra	nscripts	
Ì,	ŀ	Hospital Records	Military Record (D	D-214) Voter's Re	distration Card (if it b	ears an effective date)
		nsurance Records Varriage/Divorce Records	Birth Record Passport	Alien Hegis We do not	stration Card (front a	nd back) nse, Social Security card or a
				hospital is:	sued decorative birth	certificate.
Birth Certific		an (if the child is under 18), c	r the adult themselve	o /if 10 or older) may obe	nnan tha bidh andisi	
2. The	proof(s) must match ex	xactly the asserted true fact(s	i). For example, if the	affidavit savs the name i	singe me onthicerund s Mary Ann Doe, the	on the proof must show the
nam	e to be Mary Ann Doe.	Mary A. Doe or M. A. Doe do	ces not prove the nan	ne is Mary Ann Doe.	o mary rum. Doo, are	in all proof must show the
) years old or have been est			•	
4. Upt	o age one, the parent(s	s) or legal guardian may char	nge the child's last na	me with an affidavit for c	orrection, provided:	
- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.						
- A	After age one, last name and documentary proof	e changes require a certified	copy of a court order	ed name change. Minor	spelling changes m	ay be made with an affidavit
5. Pare This	ent(s) may change their s affidavit cannot be u	child's first or middle name sed to add a father to a birt	by completing and sight certificate: (Use the	ning an affidavit for con	ection (until their ch	ild's 18th birthday).
Death Certifi	cates:					·
	the informant, the fund mation.	eral director, or executors/ad	ministrators (if eviden	ce confirming such posit	ion is presented) ma	ay change the non-medical
2. The	medical information (ca	ause of death) may be chang om date of death please con	ged only by the certify	ing physician or the core	oner/medical examin	ner. ake changes
Marriage/Dis	solution (Divorce) Cert	ificates:				
1. Pers	onal fact(s) (minor spe	lling changes in name, date	or place of birth or res	idence) may be change	d by affidavit (with p	roof) by the person.
2. To c	nange the date or place	e of marriage or dissolution,	ine officiant (marriage			affidavit.

CERTIFIED DOH/CHS 023a 6/

JAN 24 2012

Alan Melnick
Health Officer
Skamania Co. Public Health
UU00109641