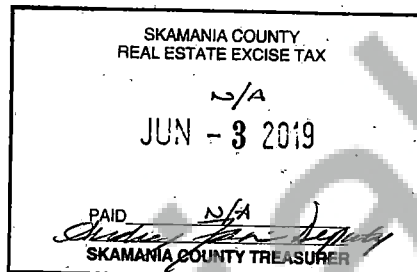


After recording, return to:

Jerry Carter
2025 Tibbitts Drive
Apt # 100
Longview, WA
98632

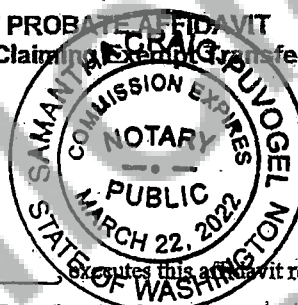


INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Estate Transfer of Ownership)

STATE OF Washington)

SS:

COUNTY OF Skamania)
Cowlitz



The undersigned, Jerry Carter, executes this affidavit relating to the estate of Mary Louise Carter (herein "Decedent"), who died on 1-15-2012, in the County of Skamania, State of Washington, then being a resident of the City of Carson, 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 _____

Name & relationship Debra Ann Hart, daughter

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 Skamania 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)

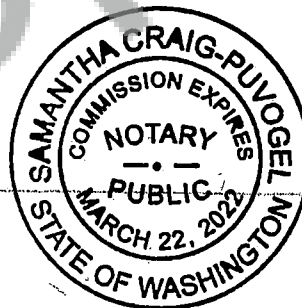
- ☐ The decedent left a Will that devises real property.
☒ The decedent left no Will that devises real property.

DATED: 5/31/19, 20

Jerry Carter
 (Signature)

(Print or type full name)

(Full address and telephone number)



State of Washington
 County of Cowlitz

SUBSCRIBED and SWORN TO before me this 31 day of May, 2019,
 by Jerry Carter, proved to me on the basis of satisfactory evidence to be the person who
 appeared before me.

Samantha Craig-Puvogel
 Notary Public in and for the State of Washington
 residing at 1025 Tibbets Dr. Longview WA 98632

STATE OF WASHINGTON DEPARTMENT OF HEALTH

1. Legal Name (Include AKA's if any): First Middle Last Suffix Mary Louise CARTER				2. Death Date Jan. 15, 2012	
3. Sex (M/F) Female	4a. Age - Last Birthday 77	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate April 6, 1934		8a. Birthplace (City, Town, or County) Knoxville	8b. (State of Foreign Country) Iowa	9. Decedent's Education Some College, No Degree	
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.) 2391 Wind River Highway				13b. City or Town Carson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98610	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 32 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jerry Carter	
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) John F. Pezziti			20. Mother's Name Before First Marriage (First, Middle, Last) Wilma Pauline Hegwood		
21. Informant's Name Jerry Carter		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 327 Carson, WA 98610		
24. Place of Death: If Death Occurred in a Hospital: _____ Place of Death: If Death Occurred Somewhere Other than a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 2391 Wind River Highway			26a. City, Town, or Location of Death Carson	26b. State WA	27. Zip Code 98610
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town and State White Salmon, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672				32. Date of Disposition 1-23-2012	
33. Funeral Director Signature <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Heart Disease				Interval between Onset & Death weeks	
Due to (or as a consequence of): Decedent				Interval between Onset & Death years	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Heart Disease				Interval between Onset & Death years	
Due to (or as a consequence of): Heart Disease				Interval between Onset & Death years	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy <input checked="" type="checkbox"/> Yes <input 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"/> Pregnant at time of 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				47. If transportation injury, specify: <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) Christopher Samuels PO Box 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 2015	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 1-18-2012	
53. Title of Certifier MD	54. License Number MD 47504	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) JAN 23 2012	
59. Amendments					


Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

CERTIFIED

DOH/CHS 023a 6/11/10

JAN 24 2012


Alan Melnick
Health Officer
Skamania Co. Public Health

UU00109641