



After recording, return to:

Rogier Ducloo

36703 SE Sunset View Road

Washougal, WA 98671

SKAMANIA COUNTY

REAL ESTATE EXCISE TAX

34287
DEC 10 2019

PAID Exempt
by Euphrosyne

SKAMANIA COUNTY TREASURER

Grantor (Name of Decedent): JENNETTE DUCLOO

Grantee (Heirs): ROGIER DUCLOO

Abbreviated Legal Description: LOT 1 SHARLEEN JAMES SP BK 3/PG 65

Tax Parcel No.(s): 01051800040300, 01051800040400, 01051800040000, 01051800030000,
01051700080100 and 01051700080000

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF CLARK

The undersigned, ROGIER DUCLOO, executes this affidavit relating to the estate of
JENNETTE DUCLOO (herein "Decedent"), who died on 1-12-19,
in the County of CLARK, State of WA, then being a resident of the
City of WASHOUGAL County of CLARK, State of WA.

(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 a 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 (1) 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.

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

☐ other (identify:)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: ROGIER DUCLOO SPOUSE

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

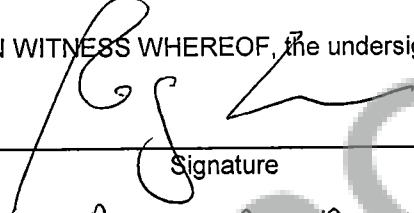
4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

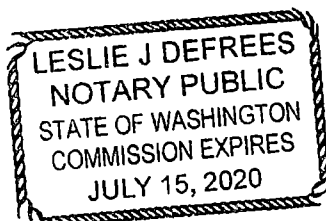

Signature
ROGIER DUCLOO
Print Name

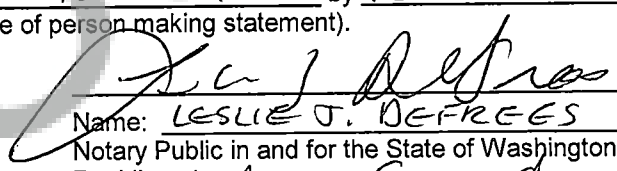
12/5/2019
Date

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 12-5-19 by ROGIER
DUCLOO (name of person making statement).




Name: LESLIE J. DEFREES
Notary Public in and for the State of Washington,
Residing at: Battle Ground
My appointment expires: 7-15-20

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-001826

LOCAL FILE NUMBER: 176

DATE ISSUED: 01/16/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JENNETTE
LAST NAME(S): DUCLOO

AKA: JANET DUCLOO

AKA:

AKA:

COUNTY OF DEATH: CLARK

DATE OF DEATH: JANUARY 12, 2019

HOUR OF DEATH: 09:00 AM

SEX: FEMALE

AGE: 47 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPICE

FACILITY OR ADDRESS: THE RAY HICKEY HOSPICE HOUSE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 36703 SE SUNSET VIEW ROAD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 18, 1971

BIRTHPLACE: WHITESTONE, NY

MARITAL STATUS: MARRIED

SPOUSE: ROGIER RAYMOND DUCLOO

FATHER/PARENT: FREDERICK WALSH

MOTHER/PARENT: MARGIT MAUS

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: WHITE EAGLE MEMORIAL PRESERVE

OCCUPATION: EXECUTIVE

INDUSTRY: INVESTMENT BANKING

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

CITY, STATE: GOLDENDALE, WASHINGTON

DISPOSITION DATE: JANUARY 23, 2019

INFORMANT: ROGIER RAYMOND DUCLOO

RELATIONSHIP: SPOUSE

ADDRESS: 36703 SE SUNSET VIEW ROAD WASHOUGAL, WASHINGTON

FUNERAL FACILITY: CASCADIA CREMATION & BURIAL SERVICES

ADDRESS: 6303 E 18TH STREET STE A

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: JOHN A. BRUTTO, II

CAUSE OF DEATH:

A: METASTATIC PANCREATIC CANCER

INTERVAL: 5 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY EMBOLISM, DEEP
VENOUS THROMBOSIS, OBSTRUCTIVE UROPATHY, BACTEREMIA

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NOT PREGNANT WITHIN THE PAST YEAR

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: DAVID COSGROVE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 210 SE 136TH AVENUE

CITY, STATE, ZIP: VANCOUVER, WA 98684

DATE SIGNED: JANUARY 14, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATHY

DATE RECEIVED: JANUARY 15, 2019



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 |
|-------------------|------------|----------|------|------------------|

Required information must match current information on record

| | | | | | |
|----------|---|--|--|---|--------------------------------------|
| Required | 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 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:

- 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

- 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

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

CERTIFIED

JAN 16 2019

Alan Molnick
Health Officer

Clark County Public Health

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



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