

Return Address:
BRIAN BRAULT
PO Box 1549
Longview, WA 98632-7934

Skamania County, WA
Total: \$113.50
ALP
Pgs=11
Request of: BRIAN BRAULT
2019-002624
12/30/2019 04:04 PM

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WASHINGTON STATE COUNTY AUDITOR/RECORDER'S
INDEXING FORM (Cover Sheet)
RCW 65.04.047

Please print or type information

Document Title(s) (or, transactions contained therein): LACK OF PROBATE AFFIDAVIT	
Reference Number(s) of Documents assigned or released: _____	
<input type="checkbox"/> Additional reference #s on page _____ of document	
Grantor(s) (Last name first, then first name and initials): 1. BAKER, ROBERT H., Estate of	SKAMANIA COUNTY REAL ESTATE EXCISE TAX 34276 DEC 30 2019
<input type="checkbox"/> Additional Grantor(s) on page _____ of document.	DEC 30 2019
Grantee(s) (Last name first, then first name and initials): 1. BAKER, BOBBIE A.	PAID <u>exempt</u> <u>Chapman</u> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional Grantee(s) on page _____ of document.	
Legal Description (abbreviated: i.e., lot, block, plat or section, township, range): The South half of the Southwest quarter of the Southeast quarter of the Northeast quarter of Section 18, Township 7 North, Range 6 East of the Willamette Meridian, Skamania County, Washington.	
<input type="checkbox"/> Additional legal description on page _____ of document.	
Assessor's Property Tax Parcel/Account Number(s): 07061841140000	Skamania County Assessor <u>ZM</u>
<input type="checkbox"/> Assessor Tax # not yet assigned.	Date <u>12-30-19</u> Parcel# <u>07061841140000</u>
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	
"I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document."	
_____ Signature	_____ Printed Name

STATE OF WASHINGTON)
) ss.
County of Cowlitz)

That affiant is the lawful surviving spouse of ROBERT H. BAKER JR., who died on June 16, 2009, at Kelso, County of Cowlitz, State of Washington, then being a resident of Kelso, County of Cowlitz, State of Washington. A death certificate is attached hereto.

Cowlitz County Tax Parcel Number: 20862

SUBJECT TO reservations, restrictions and easements of record.

The South half of the Southwest quarter of the Southeast quarter of the Northeast quarter of Section 18, Township 7 North, Range 6 East of the Willamette Meridian, Skamania County, Washington.

The affiant has herein below identified each and all of the heirs at law of decedent, including, but not limited to, children, adopted children, and the issue of any predeceased child or adopted child.

1. Bobbie Baker, spouse, Kelso, WA
2. Thomas E. Cassidy, son, San Diego, CA
3. Mary Jean Baker, daughter, Chicago, IL
4. Robert S. Baker, son, Longview, WA
5. Joy L. Watkins (Etta L. Watkins), stepdaughter, Eden, TX
6. David G. Scott, stepson, Canyon, TX

The affiant knows of her own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including, but not limited to, all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

That decedent left a Will, which has not been revoked or probated, a copy of which is attached hereto. Said will leaves all decedent's assets to the affiant.

That the estate of decedent is exempt from state and/or federal succession or inheritance taxes.

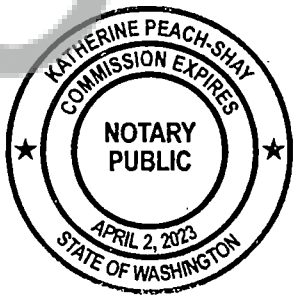
Dated: December 23, 2019

Bobbie A. Baker

BOBBIE A. BAKER
208 NW First Avenue
Kelso, WA 98626

On this 23rd day of December 2019, personally appeared before me BOBBIE A. BAKER, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year first above written.



Signature Katherine Peach-Shay
Printed Name Katherine Peach-Shay
Notary Public for the state of Washington
My Appointment Expires 4.2.2023

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **502**

Washington State Certificate of Death

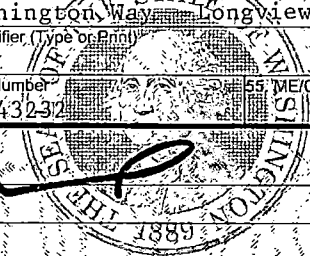
State File Number

1. Legal Name (Include AKA's if any) First: Robert Middle: Henry LAST: BAKER Jr.				2. Death Date: June 16, 2009	
3. Sex (M/F): Male	4a. Age - Last Birthday: 70	4b. Under 1 Year: Months: Days:	4c. Under 1 Day: Hours: Minutes:	5. Social Security Number: [REDACTED]	6. County of Death: Cowlitz
7. Birthdate: Sept. 21, 1938	8a. Birthplace (City, Town, or County): Chicago	8b. (State or Foreign Country): Illinois	9. Decedent's Education: Grade 9-12, No Diploma		
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 208 NW 1st St.				13b. City or Town: Kelso	
13c. Residence: County: Cowlitz		13d. Tribal Reservation Name (if applicable):		13e. State or Foreign Country: Washington	13f. Zip Code: 98626
14. Estimated length of time at residence: 11 Years		15. Marital Status at Time of Death: Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Bobbie Smith	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED): Owner/Operator				18. Kind of Business/Industry (Do not use Company Name): Welding	
19. Father's Name (First, Middle, Last, Suffix): Robert Henry Baker, Sr.				20. Mother's Name Before First Marriage (First, Middle, Last): Marian Welch	
21. Informant's Name: Bobbie Baker		22. Relationship to Decedent: Wife		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip: 208 NW 1st St. Kelso, WA 98626	
24. Place of Death, if Death Occurred in a Hospital: Inpatient					
25. Facility Name (If not a facility, give number & street or location): St. John Medical Center					
26a. City, Town, or Location of Death: Longview		26b. State: WA		27. Zip Code: 98632	
28. Method of Disposition: Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place): Longview Memorial Park Cemetery		30. Location-City/Town, and State: Longview, Washington	
31. Name and Complete Address of Funeral Facility: Steele Chapel at Longview Mem. Park PO Box 217 Longview, WA 98632				32. Date of Disposition: June 19, 2009	
33. Funeral Director Signature X <i>[Signature]</i>					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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): End stage lung (pulmonary disease)		Interval between Onset & Death: unknown			
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: Obesity		Interval between Onset & Death: Due to (or as a consequence of):			
Renal insufficiency		Interval between Onset & Death: Due to (or as a consequence of):			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Drunk Renal insufficiency					
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 checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
45. Location of Injury: Number & Street, City or Town, County, State, Zip Code: Apt. No.					
46. Describe how injury occurred: RL					
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: X <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: X				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Rajden Kutelia, MD 1706 Washington Way Longview, WA 98632	
50. Hour of Death (24hrs): 1205				51. Name and Title of Attending Physician if other than Certifier (Type or Print):	
52. Date Signed (MM/DD/YYYY): 06/18/09		53. Title of Certifier: Physician			
54. License Number: MD00043232		55. ME/Coroner File Number:		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature: X <i>[Signature]</i>				58. Date Received (MM/DD/YYYY): JUN 18 2009	
59. Amendments:					



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

6. The Record now shows: _____ 7. The True fact is: _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Veteran's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, 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.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

Dr. Alan Melnick, MD, MPH
Health Officer / Registrar
Cowlitz County Health Department
Longview, WA

JUN 19 2009

SS00069103

FILED
SUPERIOR COURT

2009 JUL 13 A 11:11

COWLITZ COUNTY
RONI A. BOOTH, CLERK

BY _____

LAST WILL AND TESTAMENT

OF

ROBERT H. BAKER, JR. 09 4 00175 6

I, ROBERT H. BAKER, JR., of Kelso, County of Cowlitz, Washington, being of legal age and sound and disposing mind and memory, and not acting under any duress, menace, fraud or undue influence of any person whomsoever, do hereby make, publish and declare this my Last Will and Testament, and hereby revoke all Wills and Codicils previously made by me.

ARTICLE I.

It is my intention to dispose of all my property, real, personal or mixed, wherever located, and to exercise any power of appointment which I may possess.

ARTICLE II.

PAYMENT OF EXPENSES

I direct that my Personal Representative hereinafter named, as soon as he or she shall have sufficient funds applicable thereto, shall pay my funeral expenses, the expenses of my last illness, and all my just debts and obligations of every nature in the order of priority prescribed by laws of the State of Washington

ARTICLE III.

PAYMENT OF TAXES

I further direct that all estate and inheritance taxes lawfully predicated upon my death as the taxable event, or lawfully imposed upon my estate, shall be paid by my Personal Representative as soon as practicable.

ARTICLE IV.

VALIDITY

If a Court of competent jurisdiction rules invalid or unenforceable any of the provisions hereof, each such provision shall be disregarded, but the remainder of this instrument shall be given full force and effect. All questions pertaining to the validity, interpretation, construction and administration of this instrument shall be determined in accordance with the laws of the State of Washington.

ARTICLE V.

IDENTIFICATION OF FAMILY

I declare that I am ROBERT H. BAKER, JR., a married man, and that my wife is BOBBIE A.W. BAKER. I have no children as issue of the marriage to my said wife. I have three children as issue of a former marriage, namely: THOMAS E. CASSIDY of San Diego, California; MARY JEAN BAKER of Chicago, Illinois; and ROBERT S. BAKER of Longview, Washington. My wife has two children as issue of a former marriage, namely: ETTA LUCINDIA WATKINS of Eden, Texas, whose legal name is JOY LORI WATKINS; and DAVID GLENN SCOTT of Canyon, Texas. I have no deceased children with lineal descendants now living. The term "children" as hereinafter used shall refer to the above named children and all children at any time hereafter born to or legally adopted by myself. The term "descendants" as hereinafter used shall be construed to mean lawful lineal descendants; that is, descendants by birth or legal adoption. Unless some other meaning and intent are apparent from the context, I intend that the plural shall include the singular, and vice versa; that masculine, feminine and neuter words shall be used interchangeable; and that "heirs" shall be determined by the then existing laws of the State of Washington controlling the intestate distribution of the net estate.

ARTICLE VI.

PROVISION FOR SPOUSE

I give to my wife, BOBBIE A. W. BAKER, provided she survives me by thirty (30) days, all my property whether real personal or mixed.

ARTICLE VII.

CONTINGENT BEQUEST, LEGACY AND DEVISE TO CHILDREN

In the event that my wife has predeceased me, or in the event she dies within thirty (30) days from the date of my death; or, in the event my wife dies simultaneously with me, then I hereby give, devise and bequeath my entire net estate, both real and personal, of every kind and nature, and wheresoever situate, of which I may die seized and possessed, as follows:

7.1 I hereby give, devise and bequeath to my daughter, MARY JEAN BAKER, that certain real property located at 300 N. 1st, Kelso, Cowlitz County, Washington.

7.2 I hereby give, devise and bequeath to my son, ROBERT S. BAKER, as follows:

- a. My business located at 504 Main West, Kelso, Cowlitz County, Washington, together with all equipment and inventory associated with said business; it is my express wish and direction that for so long as my son shall continue to operate the business at 504 Main Street in Kelso, Washington, that he gives to his sister, MARY JEAN BAKER, ten (10%) percent of the net profits of said business operation;
- b. All cash deposits in my name;
- c. Snowmobile, hunting gear and 3 wheeler;
- d. Lot at Timber Trails;
- e. Any vehicles registered in my name; and
- f. Real property and home located at 103 Church Street, Kelso, Cowlitz County, Washington.

7.3 To my wife's daughter, ETTA LUCINDIA WATKINS, I hereby give, devise and bequeath as follows:

- a. That certain parcel of land in Cassville, Missouri;
- b. The house and real property located at 208 NW 1st Street, Kelso, Cowlitz County,

Washington;

- c. Any and all bonds in my name; and
- d. All of my jewelry.

7.4 To my wife's friend, RUTH GULICKSONE of Longview, Washington, I hereby give, devise and bequeath my wife's business known as "Bobbie's Crafts" located at 103 Church Street, Kelso, Cowlitz County, Washington, PROVIDED, HOWEVER, that the business enter into a month-to-month lease agreement for the rental of the business premises at 103 Church Street, which would require, among other things, the payment of at least \$200.00 per month in rent which would be paid to my wife's daughter, ETTA LUCINDIA WATKINS. All of the business inventory and goodwill I give to RUTH GULICKSONE, but only if she continues to operate the business. If she should decide to move the business to another location, she has one (1) year to move and she may pay rent during the time that the business remains at 103 Church Street. This bequest is PROVIDED FURTHER, that Ruth shall pay to my wife's daughter, ETTA LUCINDIA WATKINS, five (5%) percent of the annual gross sales up of the business, up to a maximum of \$20,000.00.

7.5 It is my express wish and direction that I leave nothing to my son, THOMAS E. CASSIDY of San Diego, California.


7.6 It is my express wish and direction that I leave nothing to my wife's son, DAVID GLENN SCOTT of Canyon, Texas.

ARTICLE VIII.

PERSONAL REPRESENTATIVE

I hereby nominate and appoint my wife, BOBBIE A. W. BAKER, as Personal Representative of this, my Last Will and Testament. I direct that my Personal Representative shall for every purpose serve without bond and my estate be administered, managed, settled and distributed without the intervention of any court or courts whatsoever to the extent permitted by the laws of the State of Washington, and that my Personal Representative shall have full power and authority to mortgage, sell, convey, exchange or otherwise dispose of my property, both real, personal or mixed, on such terms and at such price as to her shall seem just and without

My Personal Representative as above named need not give bond,
in any jurisdiction.


ROBERT H. BAKER, JR. Testator

Residing at: Longview, WA

Residing at: Cheryl Myers
Longview, Washington

STATE OF WASHINGTON)
) ss.
County of Cowlitz)

Each of us is of legal age and competent to be a witness. On the date shown immediately above, ROBERT H. BAKER, JR., Testator, declared in our presence the foregoing instrument to be his Last Will, signed it in our presence, and requested that we sign as witnesses to the Will and that we make this Affidavit.

LAST, WILL AND TESTAMENT

Affidavit, and ROBERT H. BAKER, JR. appeared to be of sound mind, of legal age and not under duress.

Susan M. Hinkel
Residing at: Longview, WA.

Cheryl Myers
Residing at: Longview, Washington

SUBSCRIBED AND SWORN OR AFFIRMED to before me this 28th day
of August, 1991.

Jerry Price
NOTARY PUBLIC in and for the State
of Washington, residing at Longview
My Appointment Expires: 1-30-92

IRONIA A. BOOTH, Clerk of the
Superior Court of Cowlitz County,
State of Washington, hereby certify
that this instrument is a true and
correct copy of the original on file
in my office. JUL 13 2009

By IRONIA A. BOOTH Deputy