



After recording, return to:

Janice Branson
1770 BZ Glenwood Hwy
Glenwood, WA 98619

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

STATE OF ARIZONA)

SS: [REDACTED]

COUNTY OF PINAL)

The undersigned, JANICE I. BRANSON, executes this affidavit relating to the estate of THOMAS E. BRANSON (herein "Decedent"), who died on 13 APR 2019, in the County of SKAMANIA, State of WASHINGTON, then being a resident of the City of STEVENSON, 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:

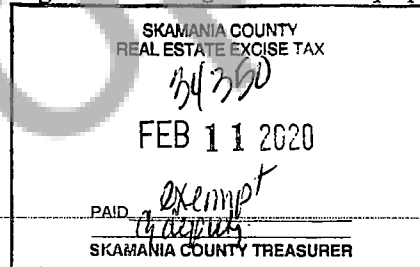
1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

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 JANICE I. BRANSON, WIFE

Name & relationship DALE A. BRANSON, SON

Name & relationship TIMOTHY R. BRANSON, SON

Name & relationship KEVIN L. BRANSON, SON

over →

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 SKAMAWA, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

lots 1 and 2, Block 1, First Addition to Meldon Acre Tracts, according to the plat thereof, recorded in Book 14 of Plats, Page 93, in the county of Skamawia, State of Washington.
except the westerly 10 feet of lot 2.

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.

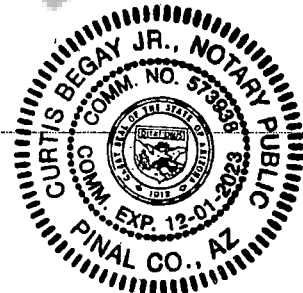
DATED: 10 FEB, 2020

Janice I. Branson
(Signature)

JANICE I. BRANSON
(Print or type full name)

1770 BE GLENWOOD HWY GLENWOOD WA 98019
(Full address and telephone number)
(541) - 490 - 3041

State of Az 2019
County of Pinal



SUBSCRIBED and SWORN TO before me this 10th day of February, 2020,
by Janice I Branson, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

C. B. J.

Notary Public in and for the State of Az 2019
residing at Pinal County

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-016776

DATE ISSUED: 04/23/2019

FEE NUMBER: 36531

FIRST AND MIDDLE NAME(S): THOMAS EARL
LAST NAME(S): BRANSON

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: APRIL 13, 2019
HOUR OF DEATH: 06:36 PM
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 147 NW HOMEWARD AVENUE
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 147 NW HOMEWARD AVENUE
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: JANUARY 18, 1938
BIRTHPLACE: OMAHA, NE

FATHER/PARENT: EARL VACHEL BRANSON
MOTHER/PARENT: MARIE WILLA BEACOM

MARITAL STATUS: MARRIED
SPOUSE: JANICE IRENE BRYAN

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: ST. MARY'S CATHOLIC CEMETERY

OCCUPATION: MAIL CARRIER
INDUSTRY: US POSTAL SERVICE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: APRIL 16, 2019

INFORMANT: JANICE BRANSON
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 1111, STEVENSON, WA 98648

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:
A: ADENOCARCINOMA OF THE COLON
INTERVAL: 1 YEAR

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LIVER AND LUNG METASTASES

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: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: STEPHEN MCLENNON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2621 WASCO STREET
CITY, STATE, ZIP: HOOD RIVER, WASHINGTON 97031
DATE SIGNED: APRIL 15, 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: LISA S. MITCHELL
DATE RECEIVED: APRIL 15, 2019



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
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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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

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 2nd 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

- 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 | Adult (18 years or older) |
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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

APR 23 2019

Amy Person, M.D.
Klickitat County Health Department



0 2 0 5 0 8 2 5

Last Will And Testament of

THOMAS EARL BRANSON

I, THOMAS EARL BRANSON, being of legal age and of sound and disposing mind and memory and not acting under any duress, fraud, or undue influence, do make, publish, and declare this instrument to be my Last Will and Testament, after consideration of all those to whom I could distribute my property, and revoke any and all former Wills and Codicils made by me.

I

I direct that the expenses of my last illness and funeral be paid out of my estate.

II

Should any person named as a beneficiary herein die simultaneously with me or under any circumstances as to render it difficult or impossible to determine who predeceased the other, or die within thirty days after my death from any cause whatsoever, I direct that such beneficiary shall, for the purposes of this Will, be treated as if he had predeceased me. However, this survivorship requirement shall not apply with respect to any property interest which, prior to the death of said beneficiary, is distributed to the beneficiary by my executor.

III

For the purposes of this Will, and to the extent required by the context, the singular shall include the plural, and the masculine gender the feminine, and vice versa.

IV

It is my intention throughout this Will that each adopted child or grandchild shall be treated the same as if he were the natural child of the adoptive parents, and that the issue of adopted children or adopted grandchildren shall be treated as being in the natural family line of the adoptive parents.

V

I give, devise, bequeath and appoint to my wife, JANICE IRENE BRANSON, all the property that I shall own at my death, whether real, personal, mixed, tangible or intangible; wherever situated, and all the property over which I have any power of appointment, absolutely and in fee simple, irrespective of whether there are any children born of our marriage or adopted by us before or after execution of this Will.

PAGE ONE OF FOUR PAGES

20 FEB 80

JEB

How your best

VI

If my spouse predeceases me, I give, devise, bequeath, and appoint, all the property described in the preceding clause of this Will, absolutely and in fee simple, to my children, DALE ANTHONY BRANSON, TIMOTHY ROBERT BRANSON, TODD ANDREW BRANSON, TERRY LEE BRANSON, KEVIN LEE BRANSON, and to any children hereafter born to me, including posthumously born, or adopted by me, giving one equal share to each child, and one equal share, by representation, to the issue of any child who predeceases me, leaving issue who survive me. The shares provided for in this clause will be divided equally by my executor as closely in accord with the terms of this Will as practically possible, having due regard for the preferences of the beneficiaries regarding personal property, but in my executor's sole discretion, he may use all of the powers granted him as executor of this Will, to sell, convert, exchange, or otherwise deal with my property to effect an amicable distribution.

VII

In the event that neither my spouse nor any children or other lineal descendants survive me at least thirty days, then I give, bequeath, devise, and appoint all the property described in clause V of this Will, absolutely and in fee simple, as follows:

a. One-half thereof to my parents, EARL VACHAEL BRANSON and MARIE WILLO BRANSON, or if one predeceases me, to the survivor.

b. One-half thereof to my wife's parents, THELMA VIRGINIA CONNELL and WALTER EARL BRYAN, or if one predeceases me, to the survivor.

VIII

SCB If my spouse predeceases me, or is under legal disability, I nominate and appoint my father-in-law, WALTER EARL BRYAN, as the guardian of the *SCB* person and the property of any of my children who are minors or who are otherwise under legal disability. I direct that said guardian serve without bond, and if such bond is required by law, I then direct that such bond be accepted without surety. I direct that such guardian shall have the power to remove his wards from whatever jurisdiction in which they may be residing at the time of my death to the residence of the guardian; and that, if the law of the jurisdiction in which this Will is probated requires a resident guardian, the guardian named by this Will shall have the power to nominate a person to serve as such resident guardian. Said guardian shall be authorized all the powers granted to the executor of this Will, and all other powers provided by law, to use, in his exclusive discretion, to provide for the care, support, emergencies, maintenance, health, education, and enjoyment of his wards, to provide them a standard of living commensurate with that to which they were accustomed and with that I would provide them if I were living. Such guardian shall act as the guardian of the person and property of each beneficiary only until such time as that beneficiary is of legal age and competent to handle his own affairs.

IX

I hereby nominate and appoint my wife, JANICE IRENE BRANSON, as Executor of this Will. If this executor shall be unable to act or continue to act for any reason whatsoever, I then nominate and appoint my son, DALE ANTHONY BRANSON, as Executor. I direct that my Executor serve without bond. If such bond is required, I then direct that such bond be accepted without surety. I authorize and empower, but do not direct, my Executor: to exercise all power granted him by law; to take charge of any real or personal property in my estate and to lease, sell, mortgage, assign, pledge, or otherwise convey such real or personal property, including to himself, without obtaining any court order; to invest, reinvest, or retain any of the funds, investments, or other property constituting my estate at the time of my death; to determine whether any mortgage or indebtedness on my property shall be paid out of the estate and the property passed free of indebtedness, or, by the beneficiary

or beneficiaries taking the property; to open and take charge of the contents of any safety-deposit boxes or other storage containers leased or rented by me at the time of my death; to pay all income, estate, inheritance, and other taxes levied upon my estate or any beneficiary of this Will; and in his discretion, seek reimbursement or allocate these taxes between the beneficiaries of this Will and any individuals receiving property by reason of my death; to nominate a resident co-executor in the event the law of the jurisdiction in which this Will is probated requires a resident executor; and to execute and deliver such documents and to perform all other acts which he determines to be necessary and proper to effectuate the distributive plan set out in this Will. I further direct that my executor consult with a Personal Affairs Officer at the nearest military installation and the Veterans Administration to ascertain if there are any benefits to which my surviving dependents may be entitled.

IN WITNESS WHEREOF, I have at WILLIAMS AFB ARIZONA, hereunto signed my name to this my Last Will and Testament, consisting of four typewritten pages, including the attestation clause and notary clause, and have on the margin of each page, except the ones where my signature appears, placed my initials and the date for the purposes of identification, on this the 20TH day of FEBRUARY 19 80.

Thomas Earl Branson
THOMAS EARL BRANSON

THE FOREGOING instrument, consisting of four pages, including this attestation clause and notary clause, was signed, published, and declared by THOMAS EARL BRANSON, the Testator, as the Testator's Last Will and Testament, on the date next above written, in the presence of us, and each of us, and thereupon we, at the same time, at the Testator's request and in the Testator's presence and in the presence of each other, have initialed each page and hereunto subscribed our names as attesting witnesses, this the 20TH day of FEBRUARY, 19 80, at WILLIAMS AFB ARIZONA. We do further certify that at the time of the execution of this Will, the Testator was of sound mind.

John W. Such of 1608 Downing Street
Wilson N.C. 27893
SSAN 243-86-4333

Sandra L. Williams of 1725 N. DATE # 20
Mesa, AZ 85201
SSAN 182-50-8898

Barbara R. Walker of MRS. BARBARA R. WALKER
426-76-7337
346 WEST HORSESHOE
SSAN GILBERT, AZ 85306

STATE OF ARIZONA)
COUNTY OF MARICOPA) SS

We, THOMAS EARL BRANSON, JOHN W. SUCH,
SANDRA L. WILLANS, and BARBARA R. WALKER. The
Testator and the Witnesses, respectively, whose names are signed to the
attached or foregoing instrument, being first duly sworn, do hereby declare
to the undersigned authority that the Testator signed and executed the
instrument as his Last Will and that he had signed willingly or directed
another to sign for him, and that he executed it as his free and voluntary
act for the purposes therein expressed, and that each of the witnesses, in
the presence of the Testator, signed the Will as witness, and that to the
best of his knowledge, the Testator was at that time eighteen (18) or more
years of age, of sound mind, and under no constraint or undue influence.

Thomas Earl Branson
TESTATOR

John W. Such
WITNESS

Sandra L. Willans
WITNESS

Barbara R. Walker
WITNESS

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by THOMAS EARL BRANSON,
the Testator, and subscribed and sworn to before me by JOHN W. SUCH,
SANDRA L. WILLANS, and BARBARA R. WALKER, witnesses,
this 20th day of February, 19 80.

(Signed) Carol Ann Clason
Notary Public

(Seal)

My Commission Expires October 24, 1983.