

Skamania County, WA  
Total: \$158.50  
ALP  
Pgs=6  
Request of: SUSAN J GROSS

2020-000774

04/01/2020 02:20 PM



**WHEN RECORDED RETURN TO:**  
**Susan J Gross**

PO Box 152

Underwood, WA 98651

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
MAR 31 2020

PAID N/A  
V. Chellend  
SKAMANIA COUNTY TREASURER

**DOCUMENT TITLE(S)**

**LACK OF PROBATE AFFIDAVIT - DEATH CERTIFICATE**

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

**WILLARD JOHN KELLIE, ESTATE OF**

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

**JOHN W. KELLIE & SUSAN J GROSS**

☐ Additional names on page \_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

☐ Complete legal on page \_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

☐ Additional parcel numbers on page \_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

**I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.**

**Company Name:**

**Signature/Title:** V. Chellend agent for Susan J. Gross

This is a two-part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)  
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, JOINT TENANCY OR TRANSFER ON DEATH DEEDS

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_

STATE OF WASHINGTON )

SS:  
COUNTY OF KLICKITAT )

The undersigned, SUSAN J. GROSS, executes this affidavit relating to the estate of WILLARD JOHN KELLIE (herein "Decedent"), who died on OCT. 7, 2019, in the 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:

That the undersigned is (check one):

- ☐ the lawful surviving spouse of the Decedent  
☒ Surviving child of the Decedent  
☐ Registered domestic partner 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): \_\_\_\_\_

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of decedent); and
3. all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death; see RCW 11.04.015.

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship JOHN WAYNE KELLIE - SON  
Address: 4301 EAST MARIAN DR., WASILLA, AK 99654  
Name & relationship SUSAN J. GROSS - DAUGHTER  
Address: P.O. BOX 152, UNDERWOOD, WA 98651  
Name & relationship MARY KELLIE - DAUGHTER  
Address: P.O. Box 262, CARSON WA. 98610  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property
- ☐ Separate property
- ☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
  - ☒ married to BETTY LOUISE KELLIE
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - ☐ married to \_\_\_\_\_
  - ☒ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
3. That on the date of death the Decedent was a citizen of the following country USA and a permanent resident of \_\_\_\_\_ (if Decedent was a resident different from that of their citizenship).
4. ☒ That the decedent left a Will, a copy of which is attached hereto.
  - ☐ That the decedent left no Will.
  - ☐ That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_ (if unrecorded, attach a copy)
5. ☒ That the decedent's estate is not being probated.
  - ☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_ under Probate No. \_\_\_\_\_
6. If title transferred pursuant to a Transfer on Death Deed:
  - ☐ That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed
  - ☐ That there was consideration given in the amount of \$ \_\_\_\_\_, including the value of monetary, non-monetary, in-kind, and other consideration.
7. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
  - ☐ That State and/or Federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.
  - ☐ That State and/or Federal succession or inheritance taxes are due in the approximate amount of \$ \_\_\_\_\_, but have not been paid.
8. ☒ That the decedent has not received assistance from the State of Washington for medical care.
  - ☐ That the decedent has received assistance from the State of Washington for medical care.
  - ☐ That the State of Washington has been fully reimbursed for assistance for medical care.
9. If title was owned by the decedent in joint tenancy:
  - ☒ That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy,
  - ☐ That the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law;

☐ That the joint tenancy continued in full force until the death of the Decedent and, if there are two or more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the 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, except as follows (use reverse side or attach a list if necessary): NONE

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 100,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ NONE, and including the value of Decedent's separate property, if any, of approximately \$ 100,000, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 10,000.

This affidavit is made to induce \_\_\_\_\_ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: MARCH 12, 2020

Susan J. Gross  
(Signature)

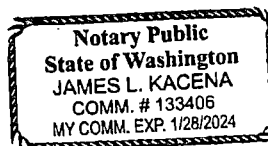
Susan J. Gross  
(Print or type full name)

PO Box 152, UNDERWOOD WA 98651 541-490-3202  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 12<sup>th</sup> day of MARCH, 2020

James L. Kacena  
Notary Public in and for the State of WASHINGTON  
Residing \_\_\_\_\_ at \_\_\_\_\_

White Salmon





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-044483

DATE ISSUED: 10/14/2019  
FEE NUMBER: 37548

FIRST AND MIDDLE NAME(S): WILLARD, JOHN  
LAST NAME(S): KELLIE

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: OCTOBER 07, 2019  
HOUR OF DEATH: 07:33 PM  
SEX: MALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: APRIL 27, 1930  
BIRTHPLACE: WAUNETA, NE

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: LOG SCALER  
INDUSTRY: LOGGING  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: YES

INFORMANT: SUE GROSS  
RELATIONSHIP: DAUGHTER  
ADDRESS: 941 ORCHARD LANE, UNDERWOOD, WA 98651

CAUSE OF DEATH:  
A: SMALL BOWEL OBSTRUCTION  
INTERVAL: DAYS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 383 ROSELAWN ST.  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 383 ROSELAWN ST.  
CITY, STATE, ZIP: STEVENSON, WA 98648  
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER/PARENT: WILLIAM J KELLIE  
MOTHER/PARENT: ALTA VIOLA SKINNER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON  
DISPOSITION DATE: OCTOBER 10, 2019

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: VICTORIA LARA

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

CERTIFIER NAME: JONATHAN KUKIER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1108 JUNE STREET  
CITY, STATE, ZIP: HOOD RIVER, OR 97031  
DATE SIGNED: OCTOBER 09, 2019

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL  
DATE RECEIVED: OCTOBER 10, 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
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Required	Required information must match current information on record			
	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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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

OCT 14 2019

Amy Person, M.D.  
Klickitat County Health Department



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