

Skamania County, WA
Total: \$106.50
ALP
Pgs=4

2020-002083

08/13/2020 03:36 PM

Request of: COLUMBIA GORGE TITLE

00004765202000020830040048

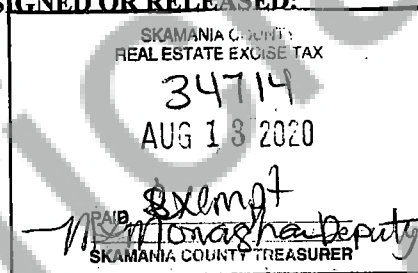
WHEN RECORDED RETURN TO:

Richard A Andrews
1818 Coal Creek Road
Longview, WA 98632

DOCUMENT TITLE(S):
INHERITANCE LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Richard A Andrews



GRANTEE:
Richard Steven Andrews, Pamela L Savage and Mandie A Savage, being all of the devisees of Richard A Andrews and Emerlene P Andrews, deceased

LEGAL DESCRIPTION:
Lots 1, 2, 3 and 4, Block 1, COLUMBIA VIEW ADDITION, according to the official plat thereof, recorded in Book 'A' of Plats, Page 98, in the County of Skamania, State of Washington.

Skamania County Assessor

TAX PARCEL NUMBER(S):
03-07-36-4-3-2200-00

Date 8-13-20 Parcel # 03073643220000
M

After recording, return to:

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

STATE OF Washington
COUNTY OF Skamania SS:

The undersigned, Richard S Andrews, executes this affidavit relating to the estate of Richard A Andrews (herein "Decedent"), who died on 05-30-20, in the County of Lincoln, State of Oregon, then being a resident of the City of Lincoln City, County of Lincoln, State of Oregon. (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 Richard Steven Andrews (son)

Name & relationship Pamela Lynn Savage (daughter)

Name & relationship Mandi Ann Savage (granddaughter)

Name & 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:

[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.

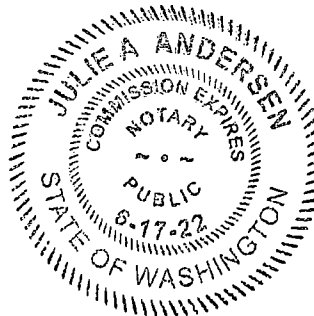
DATED: 8-12, 2020

[Signature]
(Signature)
Richard Steven Andrews
(Print or type full name)
1818 Conifer Rd. Longview, WA 98632 360-636-2346
(Full address and telephone number)

State of Washington
County of Skamania

SUBSCRIBED and SWORN TO before me this 12 day of August, 2020
by Richard S Andrews proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[Signature]
Notary Public in and for the State of WA
residing at Carson, Washington



CERTIFICATION OF VITAL RECORD

856573
ID TAG NO

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2020-017927

STATE FILE NUMBER

Legal Name First: Richard Middle: Allen Last: Andrews		Sex: Male		Age: 91 years		Social Security Number: _____		County of Death: Lincoln		Death Date: May 30, 2020	
Birth Date: February 07, 1929		Birthplace: Walla Walla, Washington		Was Decedent Ever In U.S. Armed Forces? Yes							
Residence: 2877 NE 46th Loop				City/Town: Lincoln City							
Residence County: Lincoln		State or Foreign Country: Oregon		Zip Code + 4: 97367		Inside City Limits? Yes					
Marital Status at Time of Death: Widowed		Spouse's Name Prior to First Marriage: Emerlene F. Gwynn									
Father's Name: Unknown				Mother's Name Prior to First Marriage: Francis Andrews							
Informant's Name: Pamela L. Savane		Telephone Number: Not Available		Relationship to Decedent: Daughter		Mailing Address: 2877 NE 46th Loop, Lincoln City, OR 97367					
Place of Death: Decedent's Residence - Hospice				Facility Name: _____							
Location of Death: 2877 NE 46th Loop				City/Town or Location of Death: Lincoln City		State: Oregon		Zip Code + 4: 97367			
Manner of Disposition: Cremation		Place of Disposition: Pacific View Memorial Gardens Crematorium		Location (City, Town and State): Lincoln City, Oregon							
Name and Complete Address of Funeral Facility: Pacific View Memorial Chapel, 216 NE East Devils Lake Road, Lincoln City, Oregon 97368											
Date of Disposition: TBD		Funeral Director's Signature: Guillermo A. Tolosa		Funeral Director's License Number: CO-3830							
Registrar's Signature: Jennifer A. Woodward				Date Received: July 01, 2020		Local File Number: _____					
Amendment: _____											

Was case referred to Medical Examiner? Yes		Autopsy: No		Were autopsy findings available to complete the cause of death? No		Time of Death: 1815	
CAUSE OF DEATH						Approximate Interval Between Onset to Death: 4 weeks	
IMMEDIATE CAUSE: Complications of fall with iliac crest fracture							
a. Due to (or as a consequence of) ↓							
b. Due to (or as a consequence of) ↓							
c. Due to (or as a consequence of) ↓							
d. Due to (or as a consequence of) ↓							
Other significant conditions contributing to death: anemia, atrial fibrillation, acute renal injury							
Manner of Death: Accident		If Female: Not Applicable		Did tobacco use contribute to death? No		Injury at Work? No	
Date of Injury: May 04, 2020		Time of Injury: 1700		Place of Injury: Home			
Location of Injury: 2877 NE 46th Loop, Lincoln City, Oregon 97367							
Describe how injury occurred: slipped in the shower and fractured left iliac crest							
Name and Address of Certifier: Marilyn J. Fraser, 1348 West Meadows Drive NW, Salem, Oregon 97304							
Name and Title of Attending Physician or Other than Certifier: _____						Date Signed: July 01, 2020	
Medical Certifier: Marilyn J. Fraser		Physician's Seal: _____		Title of Certifier: M.D., M.E.		License Number: MD16960	
Amendment: _____							



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

July 01, 2020

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTACT OREGON STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, R.N.D.
STATE REGISTRAR

