

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

2020-002084

08/13/2020 03:36 PM

Request of: COLUMBIA GORGE TITLE



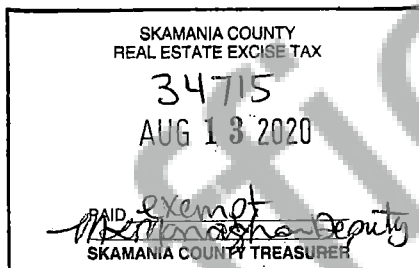
WHEN RECORDED RETURN TO:

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:
Emerlene P 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.

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

Skamania County Assessor
Date 8-13-20 Parcel# 03073643220000
AM

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 Emerlene F Andrews (herein "Decedent"), who died on 2-5-2019, in the County of Multnomah, State of Oregon, 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 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)

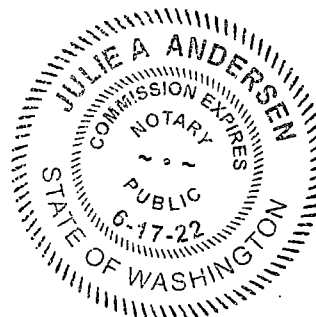
Richard Steven Andrews
(Print or type full name)

1818 Coal Creek Rd. Longview, WA. 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 Washington
residing at Cakson, WA



CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2019-002970

859733

ID, TAG NO.

STATE FILE NUMBER

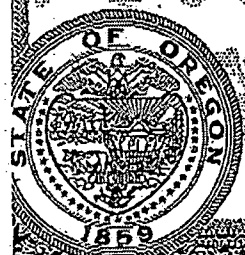
TO BE COMPLETED BY FUNERAL FACILITY	Legal Name First: <u>Emerlene</u> Middle: <u>Frances</u> Last: <u>Andrews</u> Suffix: _____		Death Date <u>February 05, 2019</u>	
	Sex <u>Female</u>	Age <u>87 years</u>	Social Security Number _____	
	Birthdate <u>August 31, 1931</u>		Birthplace <u>Oak Creek, Colorado</u>	
	Residence <u>561 W Vancouver Avenue</u>		City/Town <u>Stevenson</u>	
	Residence County <u>Skamania</u>	State or Foreign Country <u>Washington</u>	Zip Code +4 <u>98648</u>	Inside City Limits? <u>Yes</u>
	Marital Status at Time of Death <u>Married</u>		Spouse's Name Prior to First Marriage <u>Richard Andrews</u>	
	Father's Name <u>Ernest Little Gwyn</u>		Mother's Name Prior to First Marriage <u>Catherine Unknown</u>	
	Informant's Name <u>Richard Andrews</u>		Relationship to Decedent <u>Spouse</u>	
	Telephone Number <u>Not Available</u>		Mailing Address <u>P.O. Box 215 Stevenson, WA 98648</u>	
	Place of Death <u>Hospital-Inpatient</u>		Facility Name <u>Legacy Mount Hood Medical Center</u>	
Location of Death <u>24800 SE Stark Street</u>		City/Town or Location of Death <u>Gresham</u>		
Method of Disposition <u>Cremation</u>		Place of Disposition <u>Omega Crematory</u>		
Name and Complete Address of Funeral Facility <u>Omega Funeral & Cremation Service 23 SE 12nd Ave Portland Oregon 97233</u>				
Date of Disposition <u>TBD</u>	Funeral Director's Signature <u>Kathy Went</u>		OR License Number <u>CO-3492</u>	

TO BE COMPLETED BY MEDICAL CERTIFIER	Registrar's Signature <u>Jennifer A. Woodward</u>	Date Received <u>February 11, 2019</u>	Local File Number _____
	Amendment _____		

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? <u>No</u>		Autopsy? <u>No</u>		Were autopsy findings available to complete the cause of death? <u>No</u>		Time of Death <u>09:35 AM</u>
	CAUSE OF DEATH						Approximate Interval Onset to Death
	IMMEDIATE CAUSE <u>acute respiratory failure with hypoxia</u>						hours
	Due to (or as a consequence of) ↓ a. <u>acute on chronic diastolic heart failure</u>						days
	Due to (or as a consequence of) ↓ b. <u>coronary artery disease</u>						years
	Due to (or as a consequence of) ↓ c. <u>chronic atrial fibrillation, sick sinus syndrome, s/p cardiac pacemaker, chronic kidney disease stage 3, macular degeneration, severe protein-calorie malnutrition</u>						
	Other significant conditions contributing to death <u>Not Applicable</u>						Did tobacco use contribute to death? <u>Unknown</u>
	Manner of Death <u>Natural</u>						Injury at Work? <u>No</u>
	Date of Injury _____		Site of Injury _____		Place of Injury _____		
	Location of Injury _____						
Describe how injury occurred _____						If transportation injury, specify _____	
Name and Address of Certifier <u>Ange Mong Ly</u>						1120 NW 20th Avenue Ste. 110, Portland, Oregon 97209	
Name and Title of Attending Physician, if Other than Certifier _____						Date Signed <u>February 08, 2019</u>	
Medical Certifier <u>Ange Mong Ly</u>		Signature <u>[Signature]</u>		Title of Certifier <u>M.D.</u>		License Number <u>MD160078</u>	
Amendment _____							



45-2C6 (01/06)



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

February 11, 2019

DATE ISSUED:

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

Jennifer A. Woodward
JENNIFER A. WOODWARD, P.H.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE