



After recording, return to:

Janet Haney  
PO Box 348  
N. Bonneville, WA 98639

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF ~~Orege~~ <sup>Washington</sup>

COUNTY OF ~~Orege~~ <sup>Skamania</sup>

SS:

The undersigned, Janet Haney, executes this affidavit relating to the estate of Timothy D Haney (herein "Decedent"), who died on 12/06/2018, in the County of Skamania, State of Washington, then being a resident of the City of North Bonneville, 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

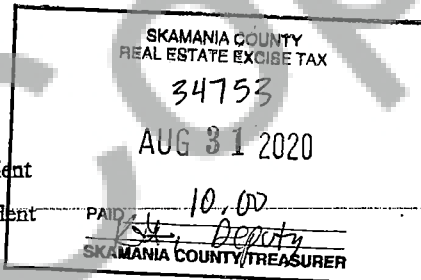
☐ Surviving child of the Decedent

☐ 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 \_\_\_\_\_

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

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 Kamania 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: 8-24, 2020

Janet Haney  
(Signature)

Janet Haney  
(Print or type full name)

PO Box 348 Notary Bonneville, WA 98639 360-319-7020  
(Full address and telephone number)

State of Washington  
County of Kamania

SUBSCRIBED and SWORN TO before me this 24 day of August, 2020  
by Janet Haney, proved to me on the basis of satisfactory evidence to be the person who  
appeared before me.

Steven J Nybrot  
Notary Public in and for the State of Washington  
residing at Wate Sulman

NOTARY PUBLIC  
STATE OF WASHINGTON  
STEVEN J NYBROTEN  
MY COMMISSION EXPIRES  
MARCH 11, 2021

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

850486

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Timothy, Middle: Douglas, Last: Haney, Suffix:		2. Death Date December 08, 2018	
3. Sex Male	4. Age 66 years	5. Social Security Number	6. County of Death Hood River
7. Birthdate February 07, 1952	8. Birthplace Yakima, Washington	9. Decedent's Education Master's degree	
10. Was Decedent of Hispanic Origin? No	11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No	
13. Residence: Number and Street PO Box 348		14. City/Town North Bonneville	
15. Residence County Skamania	16. State or Foreign Country Washington	17. Zip Code +4 98639	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Janet Aden	
21. Usual Occupation educator/administration		22. Kind of Business/Industry Education	
23. Father's Name Douglas Haney		24. Mother's Name Prior to First Marriage Patricia Harter	
25. Informant's Name Janet Haney		26. Telephone Number Not Available	27. Relationship to Decedent Spouse
28. Place of Death Hospital-Inpatient		29. Mailing Address PO Box 348, North Bonneville, WA 98639	
30. Location of Death 811 13th Street		31. City/Town or Location of Death Hood River	32. State Oregon
33. Method of Disposition Cremation		34. Zip Code +4 97031	35. Location Hood River, Oregon
36. Place of Disposition Columbia Gorge Cremation			
37. Name and Complete Address of Funeral Facility Anderson's Tribute Center (Funerals Receptions Cremations): 1401 Belmont Avenue, Hood River, Oregon 97031			
38. Date of Disposition December 11, 2018		39. Funeral Director's Signature Patrick Cornelius	
40. Date Received DEC 26 2018		41. OR License Number CO-3932	
42. Autopsy No		43. Local File Number 174-2018	
44. Amendment			
45. Cause of Death			
46. 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.			
47. Final disease or condition resulting in death: a. Acute respiratory failure b. Aspiration pneumonia c. CAUSE LAST (disease or injury that initiated the events resulting in death) d. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Congestive heart failure, interstitial lung disease			
48. Date of Injury (yy-mm-dd)			
49. Time of Injury			
50. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			
51. Location of Injury (Number & Street or RFD No., City/Town, State, Zip +4)			
52. Describe how injury occurred			
53. If transportation injury, specify: Driver/Operator, Passenger, Pedestrian, Other (Specify)			
54. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip +4) Ryan Petersen MD			
55. Name and Title of Attending Physician (Other than Certifier)			
56. Title of Certifier Physician			
57. License Number MD2886			
58. Date Signed (yy-mm-dd) 12-26-18			
59. Medical Examiner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
60. 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.

DEC 26 2018

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR



Unofficial  
Copy



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