

RETURN ADDRESS:

Laurie J. Treosti
Boyd, Gaffney, Sowards & Treosti
11015 NE Fourth Plain Blvd., Suite D
Vancouver, WA 98662

Document Title(s):

Lack of Probate Affidavit Community Property

Reference Number(s) of related documents:

Grantor(s) (Last name, First name and Middle Initial)

Duling, Shari L.

Grantee(s) (Last name, First name and Middle Initial)

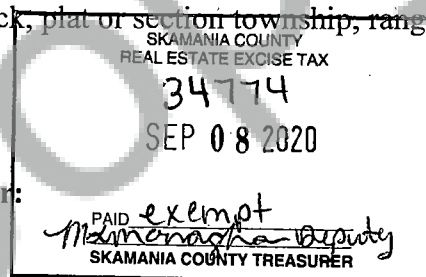
Duling, Charles P.

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)

Sec 3 Township 1 North, Range 5 East

Assessor's Property Tax Parcel/Account Number:

01050330070000 Im 9/8/2020



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 provided herein.

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

Signature of Requesting Party

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

1. Status. I am the surviving spouse of Shari L. Duling, who died on May 25, 2020, then a resident of Washougal, Skamania County, Washington, at Vancouver, Clark County, Washington. A certified copy of her Death Certificate is attached to this Affidavit.

Decedent and I acquired the real property as community property by Deed dated December 27, 1990 and recorded under Skamania County Recording No. Book 122 Page 179.

Decedent left no Will.

Property	Approximate Value
One-half share of community	\$170,150.00
Separate property	\$ 0.00
Total	\$170,155.00

5. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

Decedent's estate was not liable for federal estate tax.

Decedent's estate was not liable for Washington estate tax.

8. Washington Assistance.

Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

9. Purpose of Affidavit. I am making this Affidavit to clear title and transfer this property into the Charles P. Duling, a single man, in reliance on the representations made in this Affidavit, on the real property passing to me, as Decedent's surviving spouse, because the real property was Decedent's and my community property.

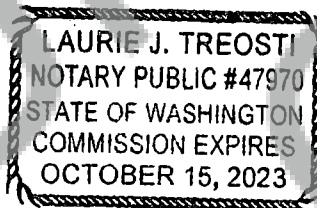
Dated: 9-3-2020



CHARLES P. DULING

STATE OF WASHINGTON)
 :SS
COUNTY OF CLARK)

On this day personally appeared before me, CHARLES P. DULING, a single man, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 3rd day of Sept 2020.




NOTARY PUBLIC in and for the
State of Washington.
My Commission expires: 10/15/23

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-024622

DATE ISSUED: 06/01/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHARI LYNN

LAST NAME(S): DULING

COUNTY OF DEATH: CLARK

DATE OF DEATH: MAY 25, 2020

HOUR OF DEATH: 03:50 AM

SEX: FEMALE

AGE: 58 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 12, 1961

BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CHARLES PATRICK DULING

OCCUPATION: SCHOOL BUS DRIVER

INDUSTRY: TRANSPORTATION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: CHARLES PATRICK DULING

RELATIONSHIP: HUSBAND

ADDRESS: 91 RYAN TAVELLI ROAD, WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: MASSIVE EMBOLIC CEREBRAL VASCULAR ACCIDENT

INTERVAL: HOURS

B: HYPERCOAGULABLE STATE

INTERVAL: WEEKS

C: METASTATIC OVARIAN CANCER

INTERVAL: MONTHS

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: HOSPITAL

FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 91 RYAN TAVELLI ROAD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: JOHNNY GOUGE

MOTHER: BONNIE DRURY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: MAY 29, 2020

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL CHAPEL

ADDRESS: 1101 NE 112TH AVE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684

FUNERAL DIRECTOR: IGOR A. TUPIKOV

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: STEPHANIE MITTELSTAEDT, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 700 NE 87TH AVENUE

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: MAY 28, 2020

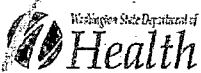
CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: STEPHANIE MITTELSTAEDT, MD

LOCAL DEPUTY REGISTRAR: LINDA L. POLAND

DATE RECEIVED: MAY 29, 2020



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 information must match current information on record

Required	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 Birth 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: PO 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 forgoing is true and correct

16a. Signature:	16b. Signature of 2nd parent (if required):
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

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

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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

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). 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 January 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED
CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer



0 3 7 3 6 9 6 7

Attachment to
COMMUNITY PROPERTY AFFIDAVIT

Description of Real Property

That portion of the Northeast quarter of the Southwest quarter of Section 3, Township 1 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at a point 14.19 chains South of the center of the said Section 3; thence West 15.85 chains to the center of County Road No. 1113 designated as the Salmon Falls Road; thence Southerly along the center of said road to the Northwest corner of the tract of land conveyed to Eunice T. Froeschle by deed dated May 16, 1910, and recorded at page 289 of Book "M" of Deeds, records of Skamania County, Washington; thence East 13.40 chains to the center line of said Section 3; thence North 6.11 chains to the Point of Beginning.

EXCEPT that portion thereof lying Southerly of State road No. 140.

EXCEPT a tract of land conveyed to School District No. 1 by Deed dated June 22, 1934, and recorded at page 552 of Book "X" of Deeds, records of Skamania County, Washington, described as follows:

BEGINNING at a point 375 feet East of the Southwest corner of School District No. 1 property in Section 3, Township 1 North, Range 5 East of the Willamette Meridian; thence East to the Northwestern right of way line Boundary of County Road No. 1101 designated as the Ryan-Tavalli Road; thence Southwesterly along said Boundary to a point 60 feet due South of the South line of said School property; thence West to a point 60 feet South of the Point of Beginning; thence North 60 feet to the Point of Beginning.

AND EXCEPT a tract of land conveyed to Skamania County by Deed dated December 5, 1947, and recorded at page 533 of Book 31 of Deeds, records of Skamania County, Washington, described as follows:

BEGINNING at the Northeast corner of the Southeast quarter of the Southwest quarter of the said Section 3, said point being the Northeast corner of the aforesaid tract conveyed to Eunice T. Froeschle; thence West 420 feet to the initial point of the tract hereby excepted; thence North to the Southerly right of way line of County Road No. 1101 designated as the Ryan-Tavalli Road; thence South 69°59' West along said right of way line of said road to intersection thereof with the Northerly right of way line of State Road No. 140; thence South 74°30' East along the Northerly line of State Road No. 140 to a point due West of the initial point; thence East 100 feet to the initial point.

Skamania County Assessor

Date 9-8-20 Parcel# 01050330070000
Jm