

**WHEN RECORDED RETURN TO:**

Richard Renton _____

29618 NE 64th Way _____

Camas, WA 98607 _____

DOCUMENT TITLE(S)

Lack of Probate and Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:☐ Additional numbers on page _____ of document.**GRANTOR(S):**

Roxana L Renton, Deceased

☐ Additional names on page _____ of document.**GRANTEE(S):**

Richard M Renton

☐ Additional names on page _____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

PTN SEC 34. T2N, R5EWM

☐ Complete legal on page _____ of document.**TAX PARCEL NUMBER(S):** 02053420050000☐ 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: Fidelity National Title Company

Signature/Title: [Signature] - Escrow Agent

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

34874
OCT 15 2020

PAID exempt
[Signature]
SKAMANIA COUNTY TREASURER

After recording, return to:

Renton
29618 NE 64th Way
Camas, WA 98607

Grantor (Name of Decedent): Roxanna L. Renton, deceased

Grantee (Heirs): Richard M. Renton

Abbreviated Legal Description: PTN SEC 34, T2N, R5EWM

Tax Parcel No.(s): 02053420050000

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF WASHINGTON

COUNTY OF CLARK

The undersigned, Richard M. Renton, executes this affidavit relating to the estate of Roxanna L. Renton (herein "Decedent"), who died on April 6, 2018, in the County of Skamania, State of Washington, then being a resident of the City of Washougal, 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 a 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 (1) 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:) _____

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

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

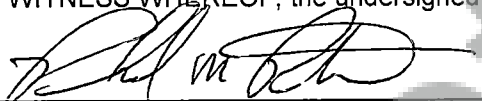
4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

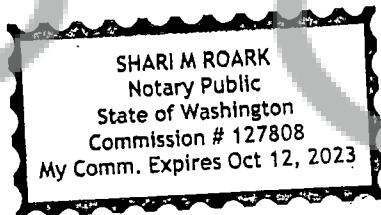



Richard M. Renton

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on October 14, 2020 by Richard M. Renton
(name of person making statement).





Name: Shari M Roark
Notary Public in and for the State of Washington,
Residing at: Vancouver, WA
My appointment expires:
10/12/2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-015643

DATE ISSUED: 04/09/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROXANNA LEE

LAST NAME(S): RENTON

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: APRIL 06, 2018

HOUR OF DEATH: 03:10 AM

SEX: FEMALE

AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 31, 1951

BIRTHPLACE: MUNCIE, IN

MARITAL STATUS: MARRIED

SPOUSE: RICHARD MICHAEL RENTON

OCCUPATION: SALES

INDUSTRY: NUTRITION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: RICHARD MICHAEL RENTON

RELATIONSHIP: HUSBAND

ADDRESS: 12692 WASHOUGAL RIVER ROAD, WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: METASTATIC NEUROENDOCRINE CARCINOMA

INTERVAL: 18 MONTHS

B: BRONCHIAL CARCINOID

INTERVAL: 26 MONTHS

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: 12692 WASHOUGAL RIVER ROAD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 12692 WASHOUGAL RIVER ROAD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: HERSCHEL CLAYTON FRAME

MOTHER/PARENT: MAXINE COSSETA BUSH

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: APRIL 09, 2018

FUNERAL FACILITY: STRAUB'S FUNERAL HOME & COLUMBIA RIVER
CREMATION

ADDRESS: 325 NE THIRD AVE

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: CHRISTIAN M. DIERICKX

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: DAVID COSGROVE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 210 SE 136TH AVENUE

CITY, STATE, ZIP: VANCOUVER, WA 98684

DATE SIGNED: APRIL 06, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: APRIL 09, 2018



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 File Number	Fee Number	Initials	Date	Affidavit Number
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STATE OFFICE USE ONLY

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)	2. Date of Event:	3. Place of Event:
1. Name on Record:	4. Father/Parent Full Legal Name: (Spouse A for Marriage or Dissolution)	
5. Mother/Parent Full Birth Name: (Spouse B for Marriage or Dissolution)	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:		
Telephone Number:		
Email Address:		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
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 nd parent (if required):
Printed name:	Printed name:
Date:	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

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). 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.

CERTIFIED

APR 09 2018

Alan Melnick
Health Officer
Clark County Public Health



01869389

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