



WHEN RECORDED RETURN TO:

De Layna M Ellis
8892 Wind River Rd.
Carson, WA 98610

DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

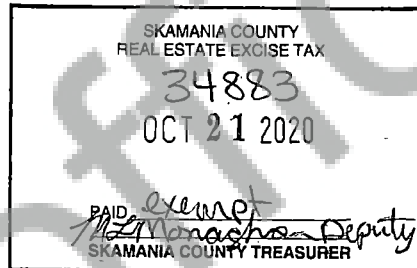
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

David Reed Ellis

GRANTEE:

De Layna M Ellis, a widow



LEGAL DESCRIPTION:

A tract of land in the Southeast Quarter of Section 23, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point 1,072.5 feet North of the Southwest corner of the Southeast Quarter of the Southeast Quarter of the said Section 23; thence North 247.5 feet, more or less, to the Northeast corner of the Southwest Quarter of the Southeast Quarter of the said Section 23; thence West to the Easterly right of way line of the Wind River Highway; thence South 03° 26' West following the Easterly line of said highway to a point due West of the Point of Beginning; thence East to the Point of Beginning.

TAX PARCEL NUMBER(S):

04-07-23-3-4-0100-00

Skamania County Assessor

Date 10-20-20 Parcel# 04072334 010000

ym

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, Debra Lynn Ellis, executes this affidavit relating to the estate of DAVID R. ELLIS (herein "Decedent"), who died on DEC 22, 2019 in the County of CLARK State of WASHINGTON, then being a resident of the City of STABLER, 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 DELAYNA M. ELLIS WIFE

Name & relationship HARRY M. PORCK SON

Name & relationship TRACY L. JONES DAUGHTER

Name & relationship RAQUEL M. MOSS DAUGHTER

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: OCTOBER 19, 20 20

De Layna Ellis
(Signature)

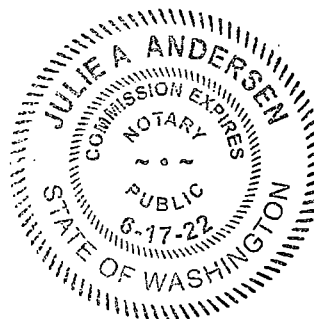
De Layna Ellis
(Print or type full name)

8892 Wind River Rd Carson WA 98610
(Full address and telephone number)

State of Washington
County of Skamania

SUBSCRIBED and SWORN TO before me this 19 day of October, 20 20
by De Layna M. Ellis, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Julie A. Andersen
Notary Public in and for the State of WA
residing at Carson, Washington



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-056524

LOCAL FILE NUMBER: 6523

DATE ISSUED: 12/31/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID REED

LAST NAME(S): ELLIS

COUNTY OF DEATH: CLARK

DATE OF DEATH: DECEMBER 22, 2019

HOUR OF DEATH: 01:00 PM

SEX: MALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 21, 1947

BIRTHPLACE: BEAVERTON, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DELAYNA MAREA ALLRED

OCCUPATION: CARPENTER

INDUSTRY: CARPENTRY INDUSTRY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DELAYNA MAREA ELLIS

RELATIONSHIP: WIFE

ADDRESS: 8892 WIND RIVER HWY CARSON, WA 98610

CAUSE OF DEATH:

A: END ORGAN FAILURE OF KIDNEYS, LUNG, HEART

INTERVAL: DAYS

B: HEMORRHAGIC CYSTITIS

INTERVAL: DAYS

C: ACUTE ON CHRONIC POST OBSTRUCTIVE RENAL FAILURE

INTERVAL: YEARS

D: BENIGN PROSTATIC HYPERPLASIA

INTERVAL: YEARS

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 98663

RESIDENCE STREET: 8892 WIND RIVER HWY

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: GLEN HERMAN ELLIS SR.

MOTHER: DORRIS MAY WOLD

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: DECEMBER 27, 2019

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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: ANDREA KING, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 505 NE 87TH AVENUE SUITE 301

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: DECEMBER 26, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: BRIAN ZEITHAML, MD

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR

DATE RECEIVED: DECEMBER 27, 2019



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	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)				
	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 foregoing is true and correct

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

- 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
 - 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
 - Documentary proof must be five or more years old or established within five years of birth
- | Child under 18 | Adult (18 years or older) |
|---|---|
| <ul style="list-style-type: none">• 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. | <ul style="list-style-type: none">• 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 |
- *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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

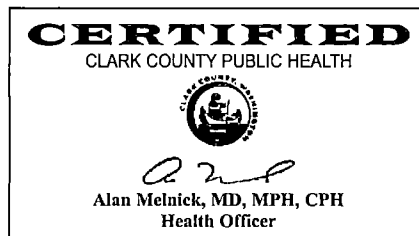
Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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
- 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.

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