

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

2020-002986

10/29/2020 04:53 PM

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED RETURN TO:

Columbia Gorge Title _____

41 Russell Ave _____

Stevenson WA 98648 _____

DOCUMENT TITLE(S)

Inheritance Lack of Probate

Principal/(Grantor)/ORIGINAL TRUSTEE:

Mary F Santana, deceased

☐ Additional names on page _____ of document.

Agent/GRANTEE(S)/NEW TRUSTEE:

Gerardo Santana

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

A tract of land in the Southwest Quarter of Section 25, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the SACRE Short Plat, recorded in Auditor's File No. 2006160365, Skamania County Records

Skamania County Assessor

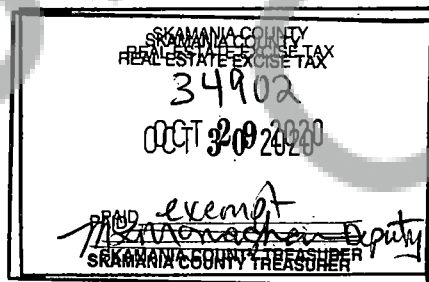
TAX PARCEL NUMBER(S):

03-07-25-3-0-0122-00

Date 10/29/20 Parcel # 3-7-253-122

☐ 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.



After recording, return to:

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

STATE OF Texas)

COUNTY OF Hays)

SS:

The undersigned, Gerardo R Santana, executes this affidavit relating to the estate of Mary F Santana (herein "Decedent"), who died on 05 Nov 14, in the County of Clark, State of Nevada, then being a resident of the City of Henderson, County of Clark, State of Nevada. (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 MICHELLE BOURDEAU DAUGHTER

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 SEMANA, 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 28, 20 20

Gerardo Santana
(Signature)

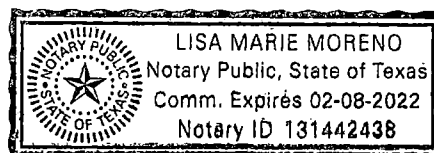
GERARDO R. SANTANA
(Print or type full name)

321 GINA DR. KYLE, TX. 78640
(Full address and telephone number)

State of TEXAS
County of HAYS

SUBSCRIBED and SWORN TO before me this 28 day of OCT, 20 20
by Gerardo R. Santana, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Lisa Marie Moreno
Notary Public in and for the State of TEXAS
residing at 1104 Andrews Xing Kyle Tx 78640



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2014018413

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Mary Felicia SANTANA		2. DATE OF DEATH (Mo/Day/Year) November 05, 2014		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION (Name (If not either, give street and number) 413 Richgold Street		3e. (If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE Last birthday (Years) 50	
9a. STATE OF BIRTH (If not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Gerardo Ramos SANTANA		8. DATE OF BIRTH (Mo/Day/Yr) September 14, 1964	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Analyst		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 413 Richgold Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene Lee REAVY		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Del Jeanne ARCHULETA			
18a. INFORMANT - NAME (Type or Print) Gerardo Ramos SANTANA		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 413 Richgold Street Henderson, Nevada 89012			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Henderson Cemetery		19c. LOCATION - City or Town State Henderson Nevada 89015	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NEGIE A MARUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 848		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S. Boulder Hwy Henderson NV 89015	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [Signature]		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ALANE OLSON M.D. SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) November 05, 2014		21c. HOUR OF DEATH 18:45		22b. DATE SIGNED (Mo/Day/Yr) November 12, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Signature]		21e. PRONOUNCED DEAD (Mo/Day/Yr) November 05, 2014		22c. HOUR OF DEATH 18:45	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Alane Olson M.D. 1704 Pinto Lane Las Vegas, NV 89106		23b. LICENSE NUMBER 9482			
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Intra oral gunshot wound (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) Suicide		26b. DATE OF INJURY (Mo/Day/Yr) November 05, 2014		26c. HOUR OF INJURY [Signature]	
26d. DESCRIBE HOW INJURY OCCURRED Shot self		26e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 413 Richgold Street Henderson Nevada			
28a. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 413 Richgold Street Henderson Nevada	

STATE REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

B000101961

DATE ISSUED: NOV 13 2014

Registrar of Vital Statistics

By: [Signature]

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE