



**WHEN RECORDED RETURN TO:**

Columbia Gorge Title \_\_\_\_\_

41 Russell Ave \_\_\_\_\_

Stevenson WA 98648  
\_\_\_\_\_

**DOCUMENT TITLE(S)**

Death Certificate

**Principal/(Grantor)/ORIGINAL TRUSTEE:**

Rebecca Lou Kopkie, deceased

☐ Additional names on page \_\_\_\_\_ of document.

**Agent/GRANTEE(S)/NEW TRUSTEE:**

Larry K Kopkie, an unmarried man

☐ Additional names on page \_\_\_\_\_ of document.

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

Lot 10, SWIFT CREEK ESTATES, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 72, in the County of Skamania, State of Washington

**TAX PARCEL NUMBER(S):**

07-06-35-2-2-0110-00

Skamania County Assessor

LM

Date 11-2-20 Parcel# 07063522011000

LM

☐ 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.

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

34910

NOV 02 2020

PAID exempt  
M. K. Kopkie Deputy  
SKAMANIA COUNTY TREASURER

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 Clark )

SS:

The undersigned, Larry K. Kopkie, executes this affidavit relating to the estate of Rebecca Lou Kopkie (herein "Decedent"), who died on June 9, 2016, in the County of Clark, State of Washington, then being a resident of the City of Yacolt, County of Clark, 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 Geraldine Hiller - Mother

Name & relationship Chris Hiller - Brother

Name & relationship Judy Schadawitz - Sister

Name & relationship Virginia Allen - Sister

**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: 10/29/20, 20 20

Larry K. Kopke  
(Signature)

Larry K. Kopke  
(Print or type full name)

12205 NE 212th Ave.  
(Full address and telephone number)

Brush Prairie, WA 98606

State of Washington  
County of Clark

SUBSCRIBED and SWORN TO before me this 30th day of October, 2020  
by Larry Kopke, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Jan A. Lund  
Notary Public in and for the State of WA  
residing at Barle Ground

NOTARY PUBLIC  
STATE OF WASHINGTON  
STEPHANIE A. GRUDI  
MY COMMISSION EXPIRES  
NOVEMBER 01, 2022  
COMMISSION # 122528

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-024497

LOCAL FILE NUMBER: 1575

DATE ISSUED: 06/15/2016

FEE NUMBER: 0000064560

GIVEN NAMES: REBECCA LOU  
LAST NAME: KOPKIE

COUNTY OF DEATH: CLARK  
DATE OF DEATH: JUNE 09, 2016  
HOUR OF DEATH: 05:40 P.M.  
SEX: FEMALE  
AGE: 59 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: NOVEMBER 16, 1956  
BIRTHPLACE: VANCOUVER, CLARK CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: LARRY KENNETH KOPKIE

OCCUPATION: BUSINESS OWNER  
INDUSTRY: AUTO SUPPLIES MANUFACTURING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: LARRY KENNETH KOPKIE  
RELATIONSHIP: SPOUSE  
ADDRESS: 36501 SE LAKEVIEW COURT, VACOLT, WA 98675

CAUSE OF DEATH:  
A. METASTATIC PANCREATIC CANCER  
INTERVAL: 14 MONTHS

B. INTERVAL:

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:

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 36501 SE LAKEVIEW COURT  
CITY, STATE, ZIP: VACOLT, WASHINGTON 98675

RESIDENCE STREET: 36501 SE LAKEVIEW COURT  
CITY, STATE, ZIP: VACOLT, WASHINGTON 98675  
INSIDE CITY LIMITS? NO  
COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: HOWARD HILLER  
MOTHER/PARENT: GERALDINE MAY RUNYAN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LOWER COLUMBIA CREMATORY  
CITY, STATE: VANCOUVER, WA  
DISPOSITION DATE: JUNE 15, 2016

FUNERAL FACILITY: HAMILTON-MYLAN FUNERAL HOME  
ADDRESS: 302 WEST 11TH ST  
CITY, STATE, ZIP: VANCOUVER WA 98660  
FUNERAL DIRECTOR: DAVID R FULLER

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DAVID SMITH MD  
TITLE: PHYSICIAN  
CERTIFIER:  
ADDRESS: 210 SE 136TH AVE  
CITY, STATE, ZIP: VANCOUVER WA 98684  
DATE SIGNED: JUNE 14, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
KAYLA BUCEK  
DATE RECEIVED: JUNE 15, 2016

DOH 01-003 (10/15)



# 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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<b>Required</b>	<b>Required information must match current information on record</b>			
	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 Legal 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: P.O. 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 <sup>nd</sup> parent (if required):
Printed name:	Date:
Printed name:	Date:

## INSTRUCTIONS - go to [www.doh.wa.gov](http://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

\*To change any part of the name of a child, 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

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.

DOH 422-034 October 2015

# CERTIFIED

JUN 15 2016

Alan Melnick  
Health Officer  
Clark County Public Health

FF00004565