



RETURN ADDRESS:

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

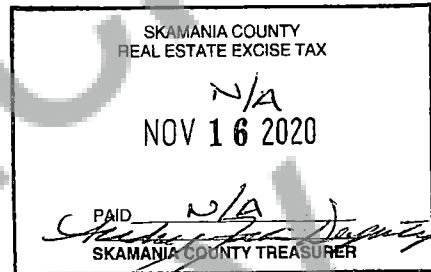
Document Title(s):

Lack of Probate Affidavit Community Property

Reference Number(s) of related documents:

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

Grantee(s) (Last name, First name and Middle Initial)
Breitenbauch, Estate of Roxanna



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

LOT 2 LUTHER & JACQUELINE ANDERSON SP BK 2/PG 5-A

Skamania County Assessor

Assessor's Property Tax Parcel/Account Number:
02051900180400

Date 11-16-20 Parcel# 02051900180400
YM

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

Attachment to
COMMUNITY PROPERTY AFFIDAVIT

Description of Real Property

Lot 2, of LUTHER AND JACQUELINE ANDERSON SHORT PLAT of the West half of the Southwest quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, recorded July 5, 1977, in Book 2 of Short Plats, page 5-A, records of Skamania County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-029531

DATE ISSUED: 08/01/2016

FEE NUMBER: 0000066750

GIVEN NAMES: **RAYMOND ANTHONY**
LAST NAME: **BREITENBAUCH**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **JULY 18, 2016**
HOUR OF DEATH: **07:10 P.M.**
SEX: **MALE**
AGE: **66 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO; NOT HISPANIC**
RACE: **WHITE**

BIRTHDATE: **NOVEMBER 06, 1949**
BIRTHPLACE: **VANCOUVER, WASHINGTON**

MARITAL STATUS: **MARRIED**
SPOUSE: **ROXANA DAV**

OCCUPATION: **MACHINE TENDER**
INDUSTRY: **PAPER MILL INDUSTRY**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES? **NO**

INFORMANT: **ROXANA BREITENBAUCH**
RELATIONSHIP: **WIFE**
ADDRESS: **2452 SKYE RD WASHOUGAL WA 98671**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **2452 SKYE RD.**
CITY, STATE, ZIP: **WASHOUGAL, WASHINGTON 98671**

RESIDENCE STREET: **2452 SKYE RD.**
CITY, STATE, ZIP: **WASHOUGAL, WASHINGTON 98671**
INSIDE CITY LIMITS? **NO**
COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **36 YEARS**

FATHER/PARENT: **GORDON BREITENBAUCH**
MOTHER/PARENT: **ANNA MAXINE ERHS**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **COLUMBIA RIVER CREMATORY**
CITY, STATE: **WHITE SALMON, WA**
DISPOSITION DATE: **JULY 22, 2016**

FUNERAL FACILITY: **STRAUB'S FUNERAL HOME & COLUMBIA RIVER CREMATION**
ADDRESS: **325 NE THIRD AVE**
CITY, STATE, ZIP: **CAMAS WA 98607**
FUNERAL DIRECTOR: **NICHOLAS R. BROWN**

CAUSE OF DEATH:
A. ACUTE RESPIRATORY FAILURE
INTERVAL: 2 WEEKS
B. PNEUMOCOCCAL PNEUMONIA
INTERVAL: 2 WEEKS
C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 11 YEARS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CONGESTIVE HEART FAILURE, ACUTE RENAL FAILURE, CHRONIC DEPRESSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

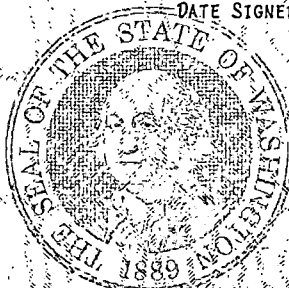
MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH? **PROBABLY**
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **ALAN JONES MD**
TITLE: **PHYSICIAN**
CERTIFIER:
ADDRESS: **222 NE PARK PLAZA DRIVE**
CITY, STATE, ZIP: **VANCOUVER WA 98684**
DATE SIGNED: **JULY 21, 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:
AMANDA HERTEL
DATE RECEIVED: **JULY 21, 2016**



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 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 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: 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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd 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

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

AUG 01 2016

Alan Melnick
Health Officer

Clark County Public Health

FF00006753

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

1. Status. I am the Personal Representative of the Estate of Roxanna Breitenbauch who was the surviving spouse of Raymond Breitenbauch, who died on July 18, 2016, then a resident of Washougal, Skamania County, Washington, at Washougal, Skamania County, Washington. A certified copy of his Death Certificate is attached to this Affidavit.

Decedent and I acquired the real property as community property by Deed dated January 12, 2006 and recorded under Skamania County Recording No. 2006160257.

Decedent left no Will.

Property	Approximate Value
One-half share of community	\$133,400.00
Separate property	\$ 0.00
Total	\$133,400.00

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 Estate of Roxanna Breitenbauch, 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 separate property that had been converted to community property by the Deed described in this Affidavit.

Dated: Sept. 22, 2020


MISTEE D. FRENCH
Personal Representative

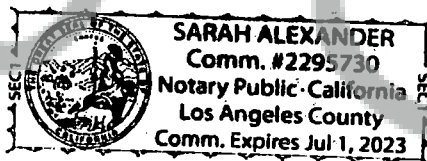
STATE OF WASHINGTON)

:ss

COUNTY OF SKAMANIA)

On this day personally appeared before me, MISTEE D. FRENCH, Personal Representative of the Estate of Roxanna Breitenbauch, 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 22 day of September 2020.





NOTARY PUBLIC in and for the
State of California.

My Commission expires: July 1, 2023

FILED

2020 AUG 21 AM 9:07

SCOTT G. WEBER, CLERK
CLARK COUNTY

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

In the Matter of the Estate of:

ROXANNA BREITENBAUCH,
Deceased.

No. 20-4-00840-06
LETTERS OF ADMINISTRATION

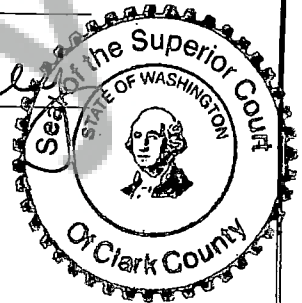
WHEREAS, ROXANNA BREITENBAUCH, late of the City of Washougal, County of Clark, on or about the 18th day of July, 2020, died intestate, leaving at the time of her death property in this state subject to administration:

NOW THEREFORE, Know all men by these presents, that we do hereby appoint MISTEE D. FRENCH administrator upon said estate, and whereas said administrator has duly qualified, hereby authorize her to administer the same according to law.

WITNESS my hand and the seal of said Court this 21 day of August, 2020.

Scott G. Weber
Clerk of the Superior Court

Deputy



CERTIFICATE OF TRANSCRIPT AND RECORDING

STATE OF WASHINGTON)
COUNTY OF CLARK) :ss.

Scott G. Weber

I, _____, County Clerk and Clerk of the above-entitled Court, do hereby certify that the foregoing Letters of Administration have been by me duly recorded as required by law, and that the above LETTERS OF ADMINISTRATION is a true and correct copy of the original on file and recorded in this office,

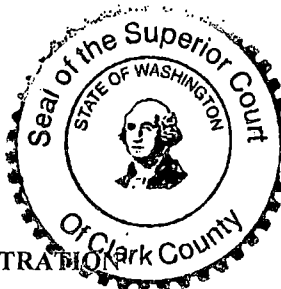
AND THAT THE SAME ARE STILL OF FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have hereunto set my hand and official Seal of the above-entitled Court this 21st day of August, 2020.

Scott G. Weber

Clerk of the Superior Court

Deputy



LETTERS OF ADMINISTRATION

Boyd, Gaffney, Sowards,
& Treosti PLLC
11015 NE 4th Plain Blvd., Suite D
Vancouver, WA 98662
360.254.0022
Fax 360.254.5506