



Filed for Record at Request of &
When Recorded Return To
Vernon H. McCray
413 NE Everett Street
Camas, WA 98607

AFFIDAVIT OF SURVIVING SPOUSE

Parcel Nos.: Assessor's Property Tax Parcel Number 02-06-3400-0111-00, 02-06-3410-0400-00, 03-08-2700-0150-00.

STATE OF WASHINGTON SKAMANIA COUNTY

I, Kathleen Combelic, being of lawful age and duly sworn, do hereby state as follows:

1. This affidavit is made regarding the real property located in Skamania County, State of Washington, and described as follows ("the Property"):

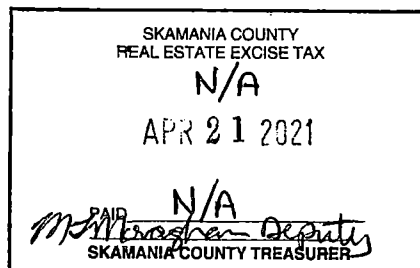
- A. 02-06-3400-0111-00: Sec 34, Township 2 North, Range 6E
- B. 02-06-3410-0400-00: Sec 34, Township 2 North, Range 6E
- C. 03-08-2700-0150-00: Sec 27, Township 3 North, Range 8EWM

2. James Verne Combelic, deceased ("Decedent"), and I owned the Property as legally described above jointly as community property with right of survivorship, as evidenced by the Statutory Warranty Deed, dated 08-04-2004, (Exhibit "A"), Quitclaim Deed, dated 03-22-2018 (Exhibit "B"), Quitclaim Deed, dated 04-19-2005 (Exhibit "C"), and recorded in the lands records of Skamania County, Washington.

3. Decedent died on July 29, 2020, as evidenced by the death certificate issued by the State of Washington attached as Exhibit "D".

4. The decedent named in the death certificate is one and the same person as the Decedent and as the person named in the Statutory and Quitclaim Deeds described in Section 2 above.

5. At the time of the Decedent's death, I was married to the Decedent and am the surviving spouse of the Decedent.



Kathleen Combelic
Signed by Kathleen Combelic on March 29, 2021.

A circular notary seal for Janna Beans Moose, a Notary Public in the State of Washington. The seal contains the text "JANNA BEANS MOOSE", "COMMISSION EXPIRES 20117844", "NOTARY PUBLIC", and "STATE OF WASHINGTON". The date "10-07-24" is stamped across the bottom of the seal. There is a handwritten "4" in the bottom left corner of the page.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-035147

DATE ISSUED: 08/06/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES VERNE

LAST NAME(S): COMBELIC

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JULY 29, 2020

HOUR OF DEATH: 02:15 AM

SEX: MALE

AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 09, 1936

BIRTHPLACE: PASCO, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KATHLEEN DIANE BASARIC COMBELIC

OCCUPATION: LOGGER

INDUSTRY: TIMBER

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: KATHLEEN COMBELIC

RELATIONSHIP: SPOUSE

ADDRESS: 912 SCOTT RD., STEVENSON, WA 98648

CAUSE OF DEATH:

A: ACUTE ENCEPHALOPATHY OF UNDETERMINED CAUSE

INTERVAL: 29 DAYS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 912 SCOTT ROAD

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 912 SCOTT ROAD

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: EDWARD VERNE COMBELIC

MOTHER: MARIE ISABEL LANDE

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: AUGUST 06, 2020

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE

ADDRESS: 11211 SE 82ND AVENUE SUITE N

CITY, STATE, ZIP: HAPPY VALLEY, OREGON 97086

FUNERAL DIRECTOR: REGAN HINTON

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: STEPHEN MCLENNON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2621 WASCO STREET

CITY, STATE, ZIP: HOOD RIVER, OR 97031

DATE SIGNED: AUGUST 01, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORI KOCH

DATE RECEIVED: AUGUST 04, 2020

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 |
|-------------------|------------|----------|------|------------------|

| | | | | |
|--|---|--|---|--|
| 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 currently shows: | The true fact is: |
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

| | | | |
|-----------------|-------|---|-------|
| 14a. Signature: | | 14b. Signature of 2 nd parent (if required): | |
| Printed name: | Date: | Printed name: | Date: |

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates

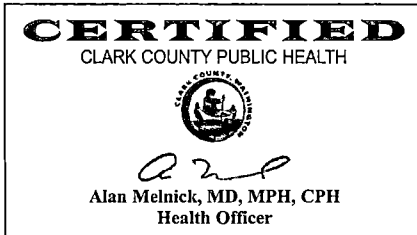
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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



0 4 3 2 8 6 5 5

**AFTER RECORDING MAIL TO;
ROSS R. RAKOW
117 East Main St.
Goldendale, Wa. 98620**

Document Title(s) (or Transactions contained herein)

1. Real Estate Contract

Reference Number(s) of Documents assigned or released.

None

Grantor(s):

1. Combelic, James
2. Combelic, Kathleen

REAL ESTATE EXCISE TAX

24867

APR 25 2005

Grantee(s):

1. Holmes, James
2. Holmes, Cindy S.

PAID

\$1989.⁰⁰

Audrey John Deputy
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows:

Gary H. Martin, Skamania County Assessor

Date 4-20-05 Parcel # 02-06-34-00-0111-00 Book B, Page 58 KC.

LOT 4 SPRING LANE ESTATES, according to the duly recorded
Plat thereof, records of the office of the Auditor of said county.

Treasurer's Parcel #02-06-34-00-0111-0

Subject to those usual easements, restrictions and limitations
of public record and as are visually apparent.

Doc # 2004153964
Page 1 of 1
Date: 08/04/2004 03:14P
Filed by: CLARK COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$19.00

AFTER RECORDING MAIL TO:

Name JAMES COMBELIC
912 SCOTT RD
SKAMANIA, WA 98648

Filed for Record at Request of Clark County Title, Camas

95981-WT

Statutory Warranty Deed

THE GRANTOR WILLIAM R. BROOKS, as his separate estate for and in consideration of One Hundred Thirteen Thousand And 00/100 Dollars (\$113,000.00), in hand paid, conveys and warrants to JAMES COMBELIC and KATHLEEN COMBELIC, husband and wife the following described real estate, situated in the County of SKAMANIA, State of Washington:

LOT 4 OF SPRING LANE ESTATES, RECORDED IN SKAMANIA COUNTY, UNDER AUDITOR'S VOLUME B, PAGE 58, SAID SPRING LANE ESTATES BEING LOCATED IN THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 34, TOWNSHIP 2 NORTH, RANGE 6 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, (A RE-PLAT OF SPRING SHORT PLAT 3).

TOGETHER WITH A 60 FOOT PRIVATE ROAD AND UTILITY EASEMENT, AS SHOWN ON THE FACE OF THE RECORDED PLAT.

REAL ESTATE EXCISE TAX

24121

AUG 4 2004

PAID 1446.⁰⁰ + 282.⁵⁰ = 1728.⁵⁰

SUBJECT TO covenants, conditions, restrictions, reservations, easements and agreements of record, if any.

SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

LOT 4, OF SPRING LANE ESTATES

Date 8/4/04

Parcel #

Assessor's Property Tax Parcel/Account Number(s): 02-06-34-00-0111-00

Dated this [03] day of JULY, 2004.

**AFTER RECORDING MAIL TO;
ROSS R. RAKOW
117 East Main St.
Goldendale, Wa. 98620**

Document Title(s) (or Transactions contained herein)

1. Real Estate Contract

Reference Number(s) of Documents assigned or released.

None

Grantor(s):

1. Combelic, James
2. Combelic, Kathleen

REAL ESTATE EXCISE TAX

24867

APR 25 2005

Grantee(s):

1. Holmes, James
2. Holmes, Cindy S.

PAID

\$1989.⁰⁰

Audrey Johnson Deputy
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows:

Gary H. Martin, Skamania County Assessor

Date 4-20-05 Parcel # 02-06-34-00-0111-00

Book B, Page 58 KC.

LOT 4 SPRING LANE ESTATES, according to the duly recorded
Plat thereof, records of the office of the Auditor of said county.

Treasurer's Parcel #02-06-34-00-0111-0

Subject to those usual easements, restrictions and limitations
of public record and as are visually apparent.

When recorded return to:

JAMES V Combelic
912 Scott Rd.
Stevensau, WA, 98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
33154
MAR 22 2018

PAID #11.12
Vicki Miller
SKAMANIA COUNTY TREASURER
QUIT CLAIM DEED

THE GRANTOR(S) KENNETH ESCHE, AS PERSONAL REPRESENTATIVE OF THE ESTATE OF EUGENE ESCHE, DECEASED, CURTIS C. ESCHE, NORMAN N. ESCHE, DAVID D. ESCHE, sold for \$10,000 and other consideration.

in hand paid, conveys and quit claims to

JAMES V Combelic AND Kathleen Combelic

the following described real estate, situated in the County of Skamania Co., State of Washington together with all after acquired title of the grantor(s) herein:

All that portion of the following described parcel lying northwesterly of the northwesterly line of a certain road known as Skelton Road: Beginning at a point 910. feet west of the northeast corner of Section 34, T2N, R6 E.W.M.; thence East 435.2 feet; thence South 1 degree 10 minutes West 524.2 feet; thence South 67 degrees, 36 minutes. East 460.0 feet; thence South 42 degrees 56 minutes. East 26.5 feet; thence North 0 degree 13 minutes 728.5 feet to the point of beginning. Tax Parcel No. 02-06-34-1-0-0400-00.

Skamania County Assessor
Date 3/22/18 Parcel 02-06-34-1-400

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s):

02063410040000

Dated: ^{EDGAR} Estate of EUGENE ESCH

3/22/18

Kenneth E Esch PER REP Norman N Esch
Curtis C Esch

STATE OF Washington
COUNTY OF Skamania

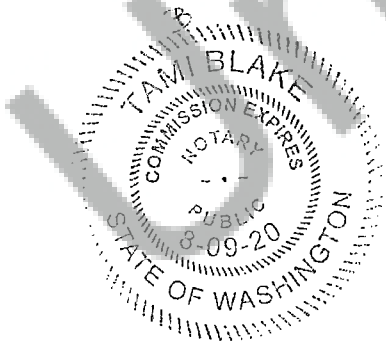
SS.

I certify that I know or have satisfactory evidence that Norman N Esch and
Curtis C. Esch (is/are) the person(s) who appeared
before me, and said person(s) acknowledged that They signed this instrument and acknowledged it to be
their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: March 12, 2018

Tami Blake

Notary name printed or typed: Tami Blake
Notary Public in and for the State of Washington
Residing at Carson
My appointment expires: 08-09-2020



STATE OF WASHINGTON

) SS.

COUNTY OF Skamania

I certify that I know or have satisfactory evidence that Kenneth Esch is the person who appeared before me, and said person acknowledged that He signed this instrument, on oath stated that He was authorized to execute the instrument and acknowledged it as

Personal Representative

of The Estate of Eugene Edgar Esch to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

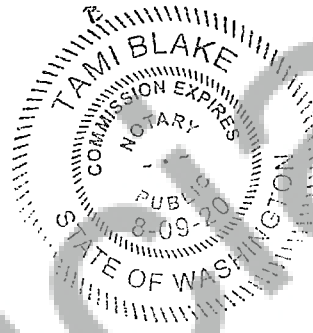
DATED: March 12, 2018

Tami Blake

Notary Public in and for Washington State

Printed Name: Tami Blake

My appointment expires: 08-09-2020



Unofficial Copy

Dated:

David D Esch

03/16/2018

STATE OF Washington
COUNTY OF Clallam

ss.

I certify that I know or have satisfactory evidence that

David Esch

(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to be

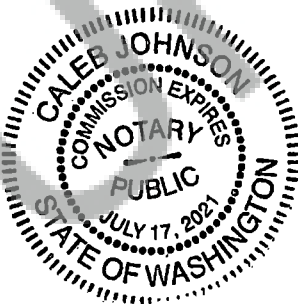
his

free and voluntary act for the uses and purposes mentioned in this instrument..

Dated:

3/16/18

[Signature]
Notary name printed or typed: Caleb Johnson
Notary Public in and for the State of Washington
Residing at First Federal, Port Angeles
My appointment expires: 7/17/21



Doc # 2005156991
Page 1 of 2
Date: 04/19/2005 10:47A
Filed by: KATHLEEN COMBELIC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$28.00

AFTER RECORDING MAIL TO:

Name James and Kathleen Combelic
Address 912 Scott Road
City/State Skamania, WA 98648

Quit Claim Deed

THE GRANTOR James A. Holmes

for and in consideration of \$30,000.00
(thirty thousand dollars)

conveys and quit claims to
James and Kathleen Combelic

the following described real estate, situated in the County of Skamania, State of Washington,

together with all after acquired title of the grantor(s) therein:

The South 300 feet of the East 482.71 feet of the North half of the Northeast quarter of Section 27, Township 3 North Range 8 East of the Willamette Meridian in the county of Skamania, State of Washington. Together With a 30 foot wide easement of ingress, egress, and utilities over, under, and across the East 30 feet of said North half of the Northeast quarter of Section 27, lying Southerly of a strip of land 300 feet in width, acquired by the United States of America for the Bonneville Power Administration's electric power lines; EXCEPTING the South 300 feet thereof.

Gary H. Martin, Skamania County Assessor

Date 4-19-05 Parcel # 03-08-27-0-0-0150-00
fr

Assessor's Property Tax Parcel/Account Number(s): 03-08-27-0-0-0150-00

Dated April 17, 2005

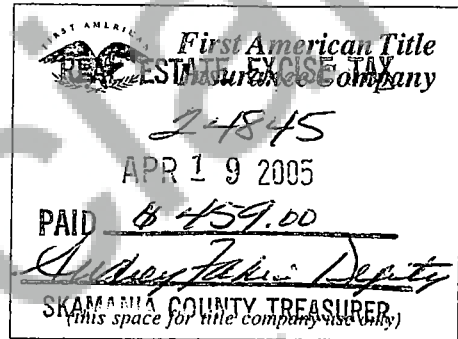
James A. Holmes
(Individual)

(Individual)

James A. Holmes

By _____
(President)

By _____
(Secretary)



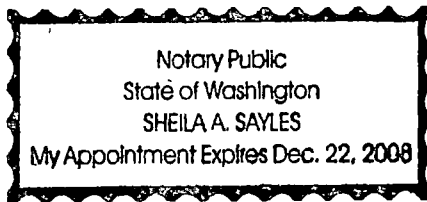
STATE OF WASHINGTON, }
County of Skagitwa } ss.

ACKNOWLEDGMENT - Individual

On this day personally appeared before me James A. Holmes (James A. Holmes)
_____ to me known

to be the individual(s) 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 17 day of April, 2005



Sheila A. Sayles
Notary Public in and for the State of Washington,
residing at Vancouver, Wash
My appointment expires Dec 22, 2008

STATE OF WASHINGTON, }
County of _____ } ss.

ACKNOWLEDGMENT - Corporate

On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of
Washington, duly commissioned and sworn, personally appeared _____
_____ and _____ to me known to be the
_____ President and _____ Secretary, respectively, of _____
_____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary
act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____
authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington,
residing at _____

My appointment expires _____

WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____.

MC 4 2005156394
Page 2 of 2