

Skamania County, WA
Total:\$110.50
ALP
Pgs=8

2021-001497

04/28/2021 04:24 PM

Request of: COLUMBIA GORGE TITLE



00008442202100014970080089

After recording return to:
Donald Christopher Bryden
12842 Washougal River Road
Washougal, WA 98671

Please print legibly or type information.

Document Title(s) Lack of Probate Affidavit	SKAMANIA COUNTY REAL ESTATE EXCISE TAX 35295 APR 28 2021
Grantor(s) Judith Bryden, deceased	<i>PAID</i> <i>exempt</i> <i>M. Monaghan</i> SKAMANIA COUNTY TREASURER
Additional Names on Page _____ of Document _____	
Grantees(s) Richard Dewayne Hansen, Randall James Hansen, Roderick Andrew Hansen, Ryan Matthew Bryden and Donald Christopher Bryden, being all of the devisees of Judith Bryden, deceased as their interests may appear	
Additional Names on Page _____ of Document _____	
Legal Description (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section) PTN SEC 34, T2N, R5E W.M.	
Auditor's Reference Number(s)	
Assessor's Property Tax Parcel/Account Number(s) 02053420030000 	
The Auditor/Recorder will rely on the information provided on this cover sheet. 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 processing requirements may cover up or otherwise obscure some part of the text of the original document. 	
Signature of Requesting Party(required for non-standard recordings only) GPCOVST. Doc rev4/02	



LACK OF PROBATE AFFIDAVIT – SEPARATE PROPERTY

Order No.: 21-166835

The undersigned hereby certifies/certify to Escrow Only ("Title Company"), as follows:

THAT the undersigned Affiant was the son of Judith Laurie Bryden, who died November 13, 2020, at 381 Bryden Lane, Washougal WA 98671, then being a legal resident of 381 Bryden Lane, Washougal WA 98671.

THAT a Death Certificate of decedent is attached hereto.

THAT (select one)

- ☐ Decedent left no last Will; or
- ☒ Decedent left a last Will which has not been probated, and a true copy of which is attached hereto and the same was never revoked; or
- ☐ Decedent left a last Will which was probated in _____ County, State of _____ and an authenticated copy of Order admitting Will to probate or Decree of Distribution is attached hereto.

THAT the heirs at law of decedent, and their ages, relationship to decedent and current address are as follows (including spouse, domestic partner, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

HEIRS AT LAW

Full Name	Age	Relationship	Address	City	State
Donald Christopher Bryden	32	SON	381 BRYDEN LANE	WASHOUGAL	WA
Richard Dewayne Hansen	65	SON	24414 Western Rd #2	Brush Prairie	WA
Randall James Hansen	39	SON	825 9th St	Washougal	WA
Roderick Andrew Hansen	36	SON	825 9th St	Washougal	WA
Ryan Matthew Bryden	54	SON	381 BRYDEN LN	WASHOUGAL	WA

THAT all the debts of the decedent and/or the marital community/domestic partnership, including but not limited to, all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

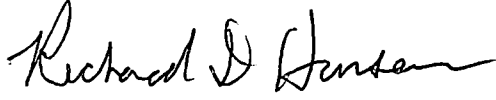
N/A

THAT as of the date of death, the value of all community property/domestic partnership of decedent was approximately \$ \$10,000 and the value of separate property was approximately \$ \$10,000.

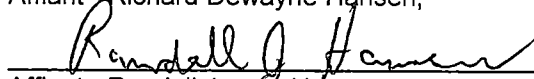
THIS Affidavit is made to induce Escrow Only to issue its policies of title insurance on real property passing to the surviving heir(s) in reliance upon the representations hereinabove set forth. This request to so insure must come from an attorney, and deeds may be required from heirs or devisees of decedent.

THIS Affidavit is made in reference to the sale, purchase, lease, mortgage and/or refinance of property located at:
12842 Washougal River Road, Washougal, WA 98671

The undersigned Affiant(s) do(es) hereby state, that the facts set forth herein are true and correct.



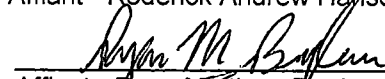
Affiant - Richard Dewayne Hansen,



Affiant - Randall James Hansen,



Affiant - Roderick Andrew Hansen,



Affiant - Ryan Matthew Bryden,



Affiant - Donald Christopher Bryden,

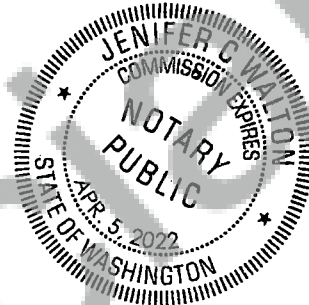
STATE OF WASHINGTON }

County of Clark } SS.

I certify that I know or have satisfactory evidence that Richard Dewayne Hansen is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was/are authorized to execute the instrument and acknowledged it as the heir of Judith Bryden, deceased, as their interests may appear to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in the instrument.

Dated this 28th day of April, 2021

Jenifer C Walton
Notary Public in and for the State of WASHINGTON
Residing at: Vancouver



STATE OF WASHINGTON }

County of Clark } SS.

I certify that I know or have satisfactory evidence that Randal James Hansen is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was/are authorized to execute the instrument and acknowledged it as the heir of Judith Bryden, deceased, as their interests may appear to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in the instrument.

Dated this 28th day of April, 2021

Jenifer C Walton
Notary Public in and for the State of WASHINGTON
Residing at: Vancouver

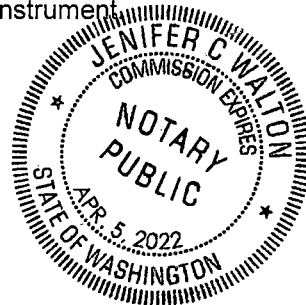
STATE OF WASHINGTON }

County of Clark } SS.

I certify that I know or have satisfactory evidence that Roderick Andrew Hansen is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was/are authorized to execute the instrument and acknowledged it as the heir of Judith Bryden, deceased, as their interests may appear to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in the instrument.

Dated this 28th day of April, 2021

Jenifer C Walton
Notary Public in and for the State of WASHINGTON
Residing at: Vancouver



STATE OF WASHINGTON }

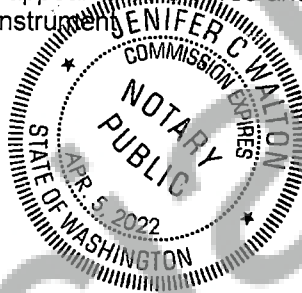
County of Clark }

SS.

I certify that I know or have satisfactory evidence that Ryan Matthew Bryden is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was/are authorized to execute the instrument and acknowledged it as the heir of Judith Bryden, deceased, as their interests may appear to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in the instrument.

Dated this 28th day of April, 2021

Jenifer C Walton
Notary Public in and for the State of WASHINGTON
Residing at: Vanover



STATE OF WASHINGTON }

County of Clark }

SS.

I certify that I know or have satisfactory evidence that Donald Christopher Bryden is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was/are authorized to execute the instrument and acknowledged it as the heir of Judith Bryden, deceased, as their interests may appear to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in the instrument.

Dated this 28th day of April, 2021

Jenifer C Walton
Notary Public in and for the State of WASHINGTON
Residing at: Vanover

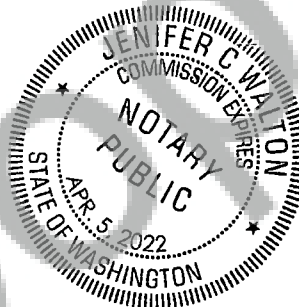


EXHIBIT "A"

That part of the Northeast Quarter of the Northwest Quarter of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, lying Westerly of the Washougal River.

EXCEPTING THEREFROM the following:

1. The West 110 feet of the North 160 feet.
2. The South 225 feet as described by Deed recorded in Auditor File No. 2008169983.
3. That portion lying Westerly of the Easterly right of way of Washougal River Road.
4. That portion conveyed to Skamania County by instrument recorded in Book 47, Page 421.

Skamania County Assessor

Date 4/28/21 Parcel# 25-34-2-300

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-052947

DATE ISSUED: 11/18/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JUDITH LAURIE

LAST NAME(S): BRYDEN

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: NOVEMBER 13, 2020

HOURL OF DEATH: 05:50 AM

SEX: FEMALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER: 530-40-1818

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 31, 1941

BIRTH PLACE: ALBANY, OR

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: RICHARD D HANSEN

RELATIONSHIP: SON

ADDRESS: 381 BRYDEN LANE WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: CHRONIC RESPIRATORY FAILURE, CHRONIC DIASTOLIC HEART FAILURE

INTERVAL: YEARS

B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE

INTERVAL: YEARS

C: HYPERLIPIDEMIA, HYPERTENSION, TOBACCO USE

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES TYPE 2, CHRONIC
CHOLECYSTITIS, ATRIAL FIBRILLATION, STAGE 4 CHRONIC KIDNEY DISEASE

DATE OF INJURY:

HOURL 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: 381 BRYDEN LANE

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 381 BRYDEN LANE

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER: MATTHEW J MORRELLI

MOTHER: EDNA M CURTIS

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: NOVEMBER 19, 2020

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC

ADDRESS: 410 NE GARFIELD STREET

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: RONALD A BROWN

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HEATHER BERGSTROM, DO

TITLE: DO

CERTIFIER ADDRESS: 16811 SE MCGILLIVRAY BLVD

CITY, STATE, ZIP: VANCOUVER, WA 98683

DATE SIGNED: NOVEMBER 16, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: HEATHER BERGSTROM FALENYDSZ, PA

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: NOVEMBER 16, 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 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

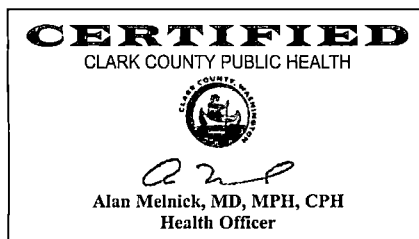
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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