



WHEN RECORDED RETURN TO:

Columbia Gorge Title

PO Box 277

Stevenson, WA 98648

DOCUMENT TITLE(S)

Lack of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Nickolas Bulka

☐ Additional names on page _____ of document.

GRANTEE(S):

Donna Bulka

☐ Additional names on page _____ of document.

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

Lot 3 JIMMY V ACRES Bk B/pg 116

☐ Complete legal on page _____ of document.

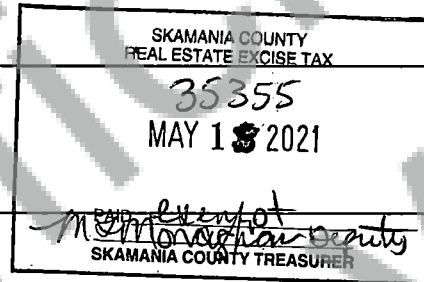
TAX PARCEL NUMBER(S):

03-08-17-3-0-1420-00



☐ 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:

Columbia Gorge Title
PO Box 277
Stevenson WA 98648

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

STATE OF Washington)

SS

COUNTY OF Skamania)

The undersigned, Donna Bulka, executes this affidavit relating to the estate of Nicholas Bulka (herein "Decedent"), who died on Sept. 3, 2020, in the County of Skamania, State of Washington, then being a resident of the City of Carson, County of Skamania, 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

Donna Bulka, wife

(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 _____

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 Shannon 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: 4/19, 20 21

Donna Bulka
(Signature)

Donna Bulka
(Print or type full name)

5818 Lyndeboro Rd. New Boston, NH 03070
(Full address and telephone number) (603) 759-4274

State of NH
County of Hillsboro

SUBSCRIBED and SWORN TO before me this 19th day of April, 20 21
by Donna Lee Bulka, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Kimberly A. Colbert
Notary Public in and for the State of NH,
residing at 159 Lyle Rd. New Boston, NH 03070

Kimberly A. Colbert

Notary Public

Commission Expires Sept. 21, 2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-041250

DATE ISSUED: 10/27/2020

FEE NUMBER: 4609290402

FIRST AND MIDDLE NAME(S): NICHOLAS

LAST NAME(S): BULKA JR

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: SEPTEMBER 03, 2020

HOUR OF DEATH: 02:30 AM

SEX: MALE AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: APRIL 07, 1952

BIRTHPLACE: BAYONNE, NJ

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DONNA DURRELL

OCCUPATION: SOFTWARE ENGINEER

INDUSTRY: COMPUTERS

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: DONNA BULKA

RELATIONSHIP: SPOUSE

ADDRESS: 32 LAURA RD, CARSON, WA 98610

CAUSE OF DEATH:

A: METASTATIC SQUAMOUS CELL CANCER OF THE TONGUE

INTERVAL: 3 YEARS

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: 32 LAURA RD

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 32 LAURA RD

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: NICHOLAS BULKA SR

MOTHER: MARY DONOVAN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PUGET SOUND CREMATORY

CITY, STATE: PUYALLUP, WASHINGTON

DISPOSITION DATE: SEPTEMBER 09, 2020

FUNERAL FACILITY: CREMATION SOCIETY OF WASHINGTON

ADDRESS: 12421 VALLEY AVE. E.

CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372

FUNERAL DIRECTOR: COREY L GAFFNEY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: TROY WITHERITE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 65371 HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WA 98672

DATE SIGNED: SEPTEMBER 03, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: SEPTEMBER 09, 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
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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:		2. Date of Event:	3. Place of Event:			
	First	Middle	Last	MM/DD/YYYY (City or County)			
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)				
	First	Middle	Last/Maiden	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:							
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 foregoing is true and correct.

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

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

*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.

Adult (18 years or older)

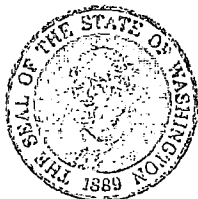
- Only the adult can change their own birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker



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EXHIBIT "A"

Lot 3, JIMMY V. ACRES, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 116, in the County of Skamania, State of Washington.

Skamania County Assessor

Date 5/17/21 Parcel# 3-8-17-3-1420



Unofficial
Copy