

Skamania County, WA
Total:\$107.50
ALP
Pgs=5

2021-001938

06/02/2021 02:05 PM

Request of: COLUMBIA GORGE TITLE



00008959202100019380050056

WHEN RECORDED RETURN TO:

Victor L Weldon
PO Box 1182
Carson, WA 98610

DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

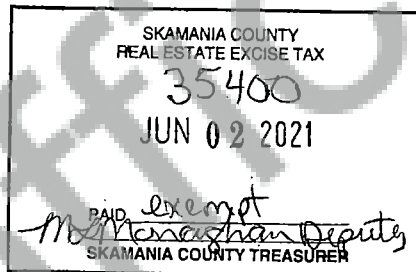
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Pamela Jean Weldon

GRANTEE:

Victor L. Weldon



LEGAL DESCRIPTION:

Lot 2 of 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.

TAX PARCEL NUMBER(S):

03-08-17-3-0-1419-00 (DN)

Skamania County Assessor

Date 6/2/21 Parcel# 3-8-17-3-1419 (DN)

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 Skamania SS:

The undersigned, Victor L. Weldon, executes this affidavit relating to the estate of Pamela Jean Weldon (herein "Decedent"), who died on April 20, 2021, in the County of Clark, 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

(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 Victor L. Weldon - Husband

Name & relationship Kevin Weldon - Son

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 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: May 25, 2021

Victor L. Weldon

(Signature)

Victor L. Weldon

(Print or type full name)

P.O. Box 1185 Carson Wa. 98610 - Ph. 509-427-5314

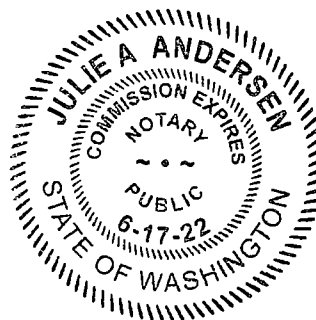
(Full address and telephone number)

State of Washington
County of Skamania

SUBSCRIBED and SWORN TO before me this 25 day of May, 2021
by Victor L. Weldon, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Julie A. Andersen

Notary Public in and for the State of WA
residing at Carson, WA 98610



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-019801

DATE ISSUED: 05/18/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAMELA JEAN
LAST NAME(S): WELDON

COUNTY OF DEATH: CLARK
DATE OF DEATH: APRIL 20, 2021
HOUR OF DEATH: 04:20 PM
SEX: FEMALE

AGE: 67 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: APRIL 03, 1954
BIRTHPLACE: SALT LAKE CITY, UT

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: VICTOR WELDON

OCCUPATION: LABORER
INDUSTRY: FRUIT PROCESSING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: VICTOR WELDON
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 1182, CARSON, WA 98610

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 41 LAURA ROAD
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: HENRY THEODORE SCHMIDT
MOTHER: SHARON V DAY

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: CASCADE CREMATION CENTER

CITY, STATE: TUALATIN, OREGON
DISPOSITION DATE: APRIL 28, 2021

FUNERAL FACILITY: CROWN MEMORIAL CENTER, CREMATION & BURIAL
- EASTSIDE
ADDRESS: 1433 SE 122ND AVENUE
CITY, STATE, ZIP: PORTLAND, OREGON 97233
FUNERAL DIRECTOR: BRUCE FULLER

LOCAL DEPUTY REGISTRAR: KIMBERLY ST.CYR
DATE RECEIVED: APRIL 27, 2021

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 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 foregoing 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

- 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 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 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.

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

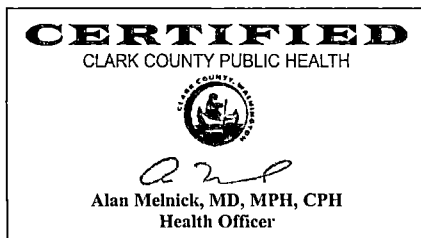
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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