

**WHEN RECORDED RETURN TO:**Rick Silver30 East Park PlaceShelton, WA 98584Skamania County, WA  
Total: \$107.50  
ALP  
Pgs=5**2021-001996**

06/07/2021 02:21 PM

Request of: COLUMBIA GORGE TITLE



00009031202100019960050054

**DOCUMENT TITLE(S)**

Lack of Probate Affidavit

**REFERENCE NUMBER(S)** of Documents assigned or released:☐ Additional numbers on page \_\_\_\_ of document.**GRANTOR(S):**

Claudia Miriam Dunlap

☐ Additional names on page \_\_\_\_ of document.**GRANTEE(S):**

Richard Alan Silver

☐ Additional names on page \_\_\_\_ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):Lot 9 of **HIDDEN RIDGE SUBDIVISION**, according to the recorded plat thereof, recorded in Auditor's File No. 2018000254, in the County of Skamania, State of Washington.☐ Complete legal on page \_\_\_\_ of document.**TAX PARCEL NUMBER(S):**

G.S.

03-07-35-4-4-1009-00

☐ 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.

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX**3\$415**

JUN 07 2021

PAID *exempt*  
*Monaghan Deputy*  
SKAMANIA COUNTY TREASURER

After recording, return to:  
Rick Silver and Claudia Dunlap

30 EAST PAUL PL  
SHELTON WA 98584

Grantor (Name of Decedent): RICHARD ALAN SILVER  
Grantee (Heirs): CLAUDIA MIRIAM DUNLAP  
Abbreviated Legal Description: SEE ATTACHED  
Tax Parcel No.(s): 03073544100900

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

STATE OF WA JK

COUNTY OF MASSON CHARLIE

The undersigned, RICHARD ALAN SILVER, executes this affidavit relating to the estate of CLAUDIA MIRIAM DUNLAP (herein "Decedent"), who died on 1/11/21, in the County of MASSON, State of WA, then being a resident of the City of SHELTON, County of MASSON, State of WA.

**(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 a 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 (1) 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:) \_\_\_\_\_

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

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: RICHARD ALAN SILVER - SURVIVING SPOUSE

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and 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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Richard Alan Silver  
Signature

RICHARD ALAN SILVER  
Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 5/24/2021 by RICHARD  
ALAN SILVER (name of person making statement).



Heather Higgins  
Name: HEATHER HIGGINS  
Notary Public in and for the State of Washington,  
Residing at: CLARK COUNTY  
My appointment expires: 9/10/2024

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-002692

DATE ISSUED: 01/21/2021

FEE NUMBER: FOREST

FIRST AND MIDDLE NAME(S): CLAUDIA MIRIAM

LAST NAME(S): DUNLAP

COUNTY OF DEATH: MASON

DATE OF DEATH: JANUARY 11, 2021

HOUR OF DEATH: 01:54 PM

SEX: FEMALE

AGE: 53 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MARCH 22, 1967

BIRTHPLACE: WALNUT CREEK, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RICHARD ALAN SILVER

OCCUPATION: ASSISTANT WINEMAKER

INDUSTRY: WINE INDUSTRY

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: RICHARD ALAN SILVER

RELATIONSHIP: SPOUSE

ADDRESS: 30 E PARK PL., SHELTON, WA., 98584

CAUSE OF DEATH:

A: METASTATIC BREAST CANCER AND CARDIOVASCULAR ARREST

INTERVAL: 45 MOS

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: 30 E PARK PL

CITY, STATE, ZIP: SHELTON, WASHINGTON 98584

RESIDENCE STREET: 30 E PARK PL

CITY, STATE, ZIP: SHELTON, WA 98584

INSIDE CITY LIMITS: YES

COUNTY: MASON

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: PAUL HOLLISTER DUNLAP

MOTHER: VIRGINIA ANN STORZ

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BLACK HILLS CREMATORY

CITY, STATE: OLYMPIA, WASHINGTON

DISPOSITION DATE: JANUARY 21, 2021

FUNERAL FACILITY: FOREST FUNERAL HOME

ADDRESS: 313 W RAILROAD AVE

CITY, STATE, ZIP: SHELTON, WASHINGTON 98584

FUNERAL DIRECTOR: TERESA A. GOEN-BURGMAN

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: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: FEN JIANG, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 4525 THIRD AVENUE SE, SUITE 200

CITY, STATE, ZIP: LACEY, WASHINGTON 98503

DATE SIGNED: JANUARY 20, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: FEN JIANG, MD

LOCAL DEPUTY REGISTRAR: KIMBERLY KNAPP

DATE RECEIVED: JANUARY 20, 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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<b>Required</b>	<b>Required information must match current information on record</b>				
	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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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: Printed name: Date:		14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:	
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## INSTRUCTIONS - go to [www.doh.wa.gov](http://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.



**CERTIFIED**  
Mason Co. Dept. of Health Services

JAN 21 2021

*[Signature]*

Daniel E. Stein, M.D., Health Officer



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