

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

2021-002333

07/01/2021 03:54 PM

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED RETURN TO:

Robert Blair, Jr.
46592 St. Hwy 14
Stevenson, WA 98648

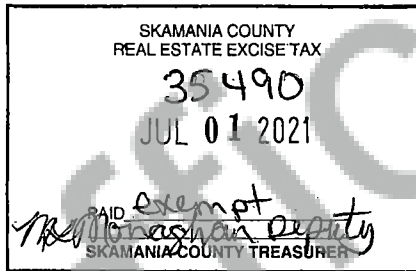
DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Robert Allen Blair



GRANTEE:

Gerri A. Weber, a married woman dealing in her separate estate, and Robert Allen Blair, a married man dealing in his separate estate

LEGAL DESCRIPTION:

A tract of land in the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southwest corner of the Southeast Quarter of said Section 17; thence East 30 feet; thence North 716.8 feet; thence East 634.5 feet; thence North 340.5 feet to the initial point of the tract hereby described; thence North 100 feet; thence West 172.5 feet; thence South 100 feet; thence East 172.5 feet to the initial point.

TAX PARCEL NUMBER(S):

03-08-17-4-0-1901-00

Skamania County Assessor

Date 7/1/21 Parcel# 3-8-17-4-1901

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, Terri A. Weber, executes this affidavit relating to the estate of Robert A. Blair (herein "Decedent"), who died on 5/18/2000, 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

(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 Gerri A. Weber Daughter

Name & relationship Robert A. Blair Jr. 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: 6.29.21, 2021

Gerri A. Weber
(Signature)

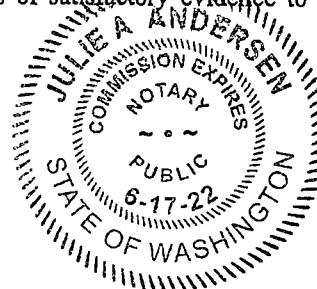
Gerri A. Weber
(Print or type full name)

PO Box 253 Stevenson, Wa 98648
(Full address and telephone number)

State of Washington
County of Skamania

SUBSCRIBED and SWORN TO before me this 29 day of Oct, 2021,
by Gerri A. Weber, 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, Washington



STATE OF WASHINGTON DEPARTMENT OF HEALTH



TYPE OR PRINT IN PERMANENT BLACK INK

14

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Robert, Middle: Allen, Last: BLAIR				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) May 18, 2000	
4. AGE LAST BIRTHDAY (Yrs) 60		5. UNDER 1 YEAR MOS: , DAYS: , HOURS: , MINS:		6. UNDER 1 DAY HOURS: , MINS:		7. BIRTHDATE (Mo, Day, Yr) 1/8/1940	
8. BIRTHPLACE (City, State or Foreign Country) Seattle, WA				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skamania	
11. CITY, TOWN OR LOCATION OF DEATH Carson				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> HUR HOME 6. <input type="checkbox"/> OTHER PLACE 112 Dillingham Loop			
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Janice M. Lane		16. SOCIAL SECURITY NO. -		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Laborer		19. KIND OF BUSINESS OR INDUSTRY Aluminum Plant		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21. RACE (Specify) Native Amer.	
22. RESIDENCE—NUMBER AND STREET 112 Dillingham Loop		23. CITY/TOWN, OR LOCATION Carson		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania	
				25B. LENGTH OF RES. IN CO. 21 yrs		26. STATE WA	
						27. ZIP CODE 98610	
28. FATHER'S NAME—FIRST, MIDDLE, LAST George Arthur Blair				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Linda Hornbuckle			
30. INFORMANT—NAME Gerri Weber, daughter		31. MAILING ADDRESS P.O. Box 253 Stevenson, WA 98648					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 5/19/2000		34. CEMETERY/CREMATORY—NAME Win-quatt Crematory		35. LOCATION—CITY/TOWN, STATE The Dalles, OR	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Ray FitzSimmons MD</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo, Day, Yr) 5/19/00		41. HOUR OF DEATH (24 Hrs.) 2005		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Raymond FitzSimmons, MD POB 1519 White Salmon, WA 98672				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A Metastatic Anal Cancer				INTERVAL BETWEEN ONSET AND DEATH Weeks	
		B Anal Cancer				INTERVAL BETWEEN ONSET AND DEATH Months	
		C				INTERVAL BETWEEN ONSET AND DEATH	
		D				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Bladder cancer / 14x melanoma						52. AUTOPSY? (Yes / No) No	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes							
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)					
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE X <i>[Signature]</i>				63. DATE RECEIVED (Mo., Day, Yr) May 23, 2000	

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DOH 110-007 (Rev. 2/98)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

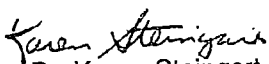
Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

CERTIFIED

MAY 23 2003


 Dr. Karen Steingart
 Health District Officer
 S.W. Wash Health Dist.
GG410894