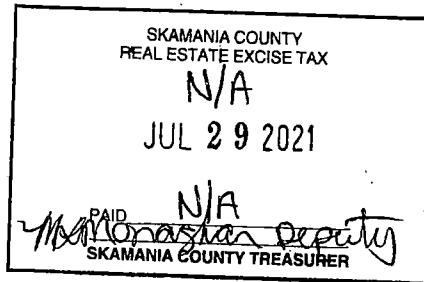


After recording, return to:
Pamela B. Edge
4849 East B Street
Tacoma, WA 98404



Grantor (Name of Decedent): William Edward Edge

Grantee (Heirs): Pamela B. Edge

Abbreviated Legal Description: Ptn. Sec 14, T3N, R9E, W.M.; Lots 2&3 RIST SP Bk 2/Pg 12; Lot 2 LEWIS RIST SP Bk3/Pg 179

Tax Parcel No.(s): 03091430100200, 03091430100400, 03091430100500 and 03091430100600 (D)

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

STATE OF Washington

COUNTY OF Pierce

The undersigned, Pamela B. Edge, executes this affidavit relating to the estate of William Edward Edge (herein "Decedent"), who died on 02/23/2020, in the County of Pierce, State of Washington, then being a resident of the City of Tacoma, County of Pierce, 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 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 _____, in [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: Pamela B. Edge, Wife

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.

Pamela B Edge
Signature

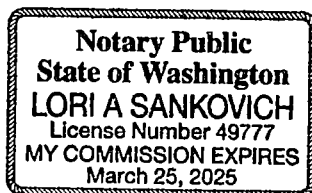
PAMELA B EDGE
Print Name

State of Washington

County of ~~Clark~~ Pierce
LS

Signed and sworn to (or affirmed) before me on 7.28.2021 by Pamela B Edge

(name of person making statement).



Lori A. Sankovich
Name: Lori A. Sankovich
Notary Public in and for the State of Washington,
Residing at: Pierce County
My appointment expires:
3.25.2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-008227

DATE ISSUED: 03/03/2020

FEE NUMBER: 2711

FIRST AND MIDDLE NAME(S): WILLIAM EDWARD
LAST NAME(S): EDGE

COUNTY OF DEATH: PIERCE
DATE OF DEATH: FEBRUARY 23, 2020
HOUR OF DEATH: 06:55 PM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 23, 1943
BIRTHPLACE: ZINC, AR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PAMELA BEATRICE GORES

OCCUPATION: HEAVY EQUIPMENT OPERATOR
INDUSTRY: CITY GOVERNMENT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: PAMELA BEATRICE EDGE
RELATIONSHIP: WIFE
ADDRESS: 4849 EAST B ST TACOMA WA 98404

CAUSE OF DEATH:
A: SEPSIS DUE TO VANCOMYCIN RESISTANT ENTEROCOCCUS WITH ENDOCARDITIS
INTERVAL: >24 HOURS

B: ACUTE METABOLIC ENCEPHALOPATHY
INTERVAL: >24 HOURS

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: HOSPITAL
FACILITY OR ADDRESS: GOOD SAMARITAN HOSPITAL
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372

RESIDENCE STREET: 4849 EAST B ST
CITY, STATE, ZIP: TACOMA, WA 98404
INSIDE CITY LIMITS: YES COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: WILMER JUNIOR EDGE
MOTHER: BEATRICE S STEWART

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: FEBRUARY 26, 2020

FUNERAL FACILITY: SCOTT FUNERAL HOME

ADDRESS: 1215 MLK JR WAY
CITY, STATE, ZIP: TACOMA, WASHINGTON 98405
FUNERAL DIRECTOR: CORETTA J HANSON

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: PROMISH SHRESTHA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 407 14TH AVENUE SE
CITY, STATE, ZIP: PUYALLUP, WA 98372
DATE SIGNED: FEBRUARY 24, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHARA RIM
DATE RECEIVED: FEBRUARY 25, 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: 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 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
- Birth/Marriage/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Passport
 - Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015



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

CERTIFIED



Anthony L-Chen, MD, MPH

DIRECTOR

DO NOT DESTROY

2703114



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

0 3 9 0 8 7 2 4

EXHIBIT "A"

PARCEL I: 03-09-14-3-0-1002-00

A tract of land located in Section 14, Township 3 North, Range 9 East of the Willamette Meridian, described as follows:

The North 200 feet of the West 960 feet of Lot 8 of OREGON LUMBER COMPANY'S SUBDIVISION, according to the official plat thereof, on file and of record at page 29 of Book 'A' of Plats, records of Skamania County, State of Washington;

EXCEPT the West 810 feet thereof.

PARCEL II: 03-09-14-3-0-1004-00

A tract of land located in Lot 8 of OREGON LUMBER COMPANY'S SUBDIVISION, as recorded in Book 'A' of Plats, Page 29, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the LEWIS & PEARL RIST Short Plat, as recorded in Book 2 of Short Plats, Page 12, records of Skamania County.

PARCEL III: 03-09-14-3-0-1005-00

A tract of land located in Lot 8 of OREGON LUMBER COMPANY'S SUBDIVISION, as recorded in Book 'A' of Plats, Page 29, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the LEWIS & PEARL RIST Short Plat, as recorded in Book 2 of Short Plats, Page 12, records of Skamania County.

PARCEL IV: 03-09-14-3-0-1006-00

A tract of land located in Lot 8 of OREGON LUMBER COMPANY'S SUBDIVISION, as recorded in Book 'A' of Plats, Page 29, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the LEWIS RIST Short Plat, recorded in Book 3 of Short Plats, Page 179, Skamania County Records.

Skamania County Assessor

Date 7/25/12 Parcel # 3-9-14-3-1002
3-9-14-3-1004
3-9-14-3-1005
3-9-14-3-1006