



**Return Address:**

Randall E. Wakefield

231 Panda Road

Washougal, WA 98671

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

35595

AUG 10 2021

PAID *exempt*  
*M. J. Brashers Deputy*  
SKAMANIA COUNTY TREASURER

WHEN RECORDED MAIL TO  
eRecording Partners Network (ePN)  
530 South Main Street, Suite 1031  
Akron, OH 44311

**AFFIDAVIT (LACK OF PROBATE) 01-21066854**

The undersigned affiant/grantee Randall E. Wakefield, being first duly sworn  
*Name of Affiant*

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is spouse

*Relationship to decedent*

of Lisa A. Wakefield, who died on 11/23/2014

*Decedent/Grantor*

*Date*

at Vancouver

Clark

Washington

*City*

*County*

*State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 2 of S.A.F.E. Short Plat No. 3, according to the plat thereof, recorded in Book '2', Page 217, Auditor's File No. 92582, being a portion of the Northwest quarter of the Northeast Quarter of Section 30, Township 2 North, Range 5 East of the Willamette Meridian in the County of Skamania and State of Washington

Skamania County Assessor

Date 8-10-21 Parcel# 020530 00020200  
*Ym*

Assessor's Property Tax Parcel/Account Number: 02-05-30-0-0-0202-00  
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent.

Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of 4)

Randall Eric Wakefield

Full name, age, relationship, address

Age 53 Spouse 231 Panda Rd Washougal WA 98671

Full name, age, relationship, address

David Hoagland

Age 44 Son Dalesport, WA

Full name, age, relationship, address

Jeanette Atchley

Full name, age, relationship, address

Age 42 Daughter, Klickitat, WA

Full name, age, relationship, address

Alex Steinbock

Age 32 Daughter, Pasco, WA

Full name, age, relationship, address

Tyler Hecker

Full name, age, relationship, address

Age 30 Son, Keene, NH

Full name, age, relationship, address

Benjamin Hecker

Full name, age, relationship, address

Age 27, Son, Wenatchee WA

Full name, age, relationship, address

Mattie Wakefield

Age 19, Daughter, Washougal, WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 07/20/2021

Randall E. Wakefield

*Affiant's full name*

360-635-8978

*Telephone number*

231 Panda Road

Washougal

*City*

Washington

*State*

98671

*Zip Code*

Randall E. Wakefield  
*Signature*

08/02/2021  
*Date*

State of WA

County of Clark

I know or have satisfactory evidence that

Randall E. Wakefield  
*(name of person)*

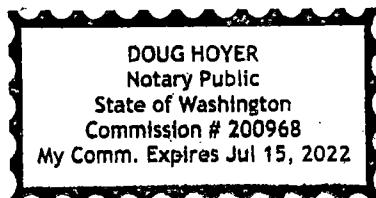
is the person who appeared before me, and said person acknowledged that (he) signed this affidavit and acknowledged it to be (his) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 08/02/2021

[Signature]

*Signature of Notary Public*

(SEAL OR  
STAMP)



Residing at: Vancouver, WA

Notary Public in and for the State of WA

My appointment expires: 07/15/22

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **2925** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Lisa Ann Wakefield</b>				2. Death Date <b>11-23-2014</b>	
3. Sex (MF) <b>Female</b>	4a. Age - Last Birthday <b>55</b>	4b. Under 1 Year : Months Days <b>11 23</b>	4c. Under 1 Day: Hours Minutes <b>11 23</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Clark</b>
7. Birthdate <b>9-3-1959</b>		8a. Birthplace (City, Town, or County) <b>The Dalles</b>		8b. (State or Foreign Country) <b>Oregon</b>	
9. Decedent's Education <b>High School Graduate</b>				10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>	
11. Decedent's Race(s) <b>White</b>				12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>231 Panda Road</b>				13b. City or Town <b>Washougal</b>	
13c. Residence: County <b>Clark</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98671</b>
13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		14. Estimated length of time at residence. <b>1 Year</b>			
15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Randall Wakefield</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>David Hoagland</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Karen Tow</b>	
21. Informant's Name <b>Randall Wakefield</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>231 Panda Road Washougal, Washington 98671</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Hospice Facility</b>					
25. Facility Name (if not a facility, give number & street or location) <b>Ray Hickey Hospice House 2112 E Mill Plain Blvd</b>				26a. City, Town, or Location of Death <b>Vancouver</b>	26b. State <b>WA</b>
27. Zip Code <b>98661</b>		28. Method of Disposition <b>Cremation</b>			
29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Lower Columbia Crematory, Inc.</b>				30. Location-City/Town, and State <b>Vancouver, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Cascadia Cremation &amp; Burial Services 6303 E 18th Street, Suite A, Vancouver, Washington 98661</b>				32. Date of Disposition <b>11-26-2014</b>	
33. Funeral Director Signature X <i>Samuel A. Hellen</i>					

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. <b>End-stage liver failure</b> Interval between Onset & Death: <b>2 years</b>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Alcoholic Cirrhosis</b> Due to (or as a consequence of): Interval between Onset & Death:					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>Bipolar Disorder</b> Due to (or as a consequence of): Interval between Onset & Death: <b>decades</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk					
45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>					
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>[Signature]</i>					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>3240 NE 3rd Ave, Camas, WA 98607 DRB RALPH</b>				50. Hour of Death (24hrs) <b>1355</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>11/24/2014</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>30049039</b>		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature <i>[Signature]</i>					
58. Date Received (MM/DD/YYYY) <b>NOV 26 2014</b>					
59. Amendments					



# 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  
www.doh.wa.gov

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_  
City or County

4. Father/Parent Full Birth Name \_\_\_\_\_ 5. Mother/Parent Full Birth Name \_\_\_\_\_  
City or County

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_  
(Printed Name)

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

**Birth Certificates**

- Only a parent, 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 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.
- Child under 18
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, 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.
  - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

**Death Certificates**

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

**Marriage/Dissolution (Divorce) Certificates**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 January 2014

**CERTIFIED**

NOV 26 2014

Alan Melnick  
Health Officer  
Clark County Public Health

AA00186720