

Skamania County, WA
Total:\$208.50
ALP
Pgs=6

2021-002898

08/23/2021 02:16 PM

Request of: COLUMBIA GORGE TITLE



00010146202100028980060069

WHEN RECORDED RETURN TO:

Columbia Gorge Title
PO Box 277
Stevenson WA 98648

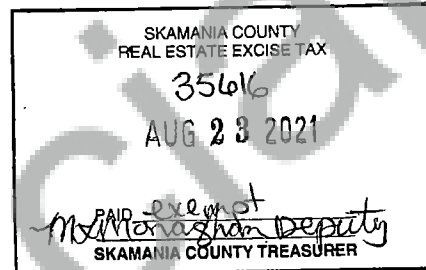
DOCUMENT TITLE(S):
Affidavit (Lack of Probate)

GRANTOR :
Richard Graham Pauly, deceased

GRANTEE :
Kimberly D Salvesen-Pauly, an unmarried individual

ABBREVIATED LEGAL DESCRIPTION:
Lot 3, L'HOMMEDIEU SP Bk 3/Pg 315, records of Skamania County, Washington.

TAX PARCEL NUMBER(S):
03-07-25-2-0-0122-00 and 03-07-25-2-0-0122-05 DK



Skamania County Assessor
Date 8/23/21 Parcel# 3-7-25-2-122
DK 3-7-25-2-122-15

Return Address:

Kimberly D. Salvesen-Pauly

P.O. Box 280

Stevenson, WA 98648

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kimberly D. Salvesen-Pauly, 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 the surviving spouse
Relationship to decedent

of Richard Graham Pauly
Decedent/Grantor

, who died on July 8, 2020
Date

at Stevenson
City

Skamania
County

Washington
State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

A tract of land in the Northwest Quarter of Section 25. Township 3 North, Range 7
East of the Willamette Meridian, in the County of Skamania, State of Washington,
described as follows:

Lot 3 of the L 'Hommedieu Short Plat, recorded in Book 3 of Short Plats, Page
315, Skamania County Records.

Assessor's Property Tax Parcel/Account Number: 03-07-25-2-0-0122-00 //
(Attach full legal description of the property) 03-07-25-2-0-0122-05

☒ 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 3)

Kimberly D. Salvesen-Pauly, Legal, Surviving Spouse

P.O. Box 280, Stevenson, WA 98648-0280

Full name, age, relationship, address

Craig A. Pauly, Legal, Father

285 Streamside Dr, Cashiers, NC 28717-4504

Full name, age, relationship, address

Patricia G. Pauly, Legal, Mother

3871 May Street, Hood River, OR 97031-8741

Full name, age, relationship, address

Douglas W. Hansel-Pauly, Legal, Brother

20865 Solstice Drive, Bend, OR 97703-8405

Full name, age, relationship, address

Michael E. Pauly, Legal, Brother

706 Pine Street, Hood River, OR 97031-1965

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : August 9, 2021

Affiant's full name

Kimberly Diane Salvesen-Pauly

Telephone number

(541) 921-0406

Stevenson WA 98648
City State Zip Code
[Signature] 8/9/2021
Signature Date

State of WASHINGTON County of SKAMANIA

I know or have satisfactory evidence that Kimberly D. Salvesen-Pauly
(name of person)

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

Dated: 8/09/2021

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Skamania County, Washington

Notary Public in and for the State of Washington

My appointment expires: June 17, 2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-032282

DATE ISSUED: 08/03/2020

FEE NUMBER: 108A

FIRST AND MIDDLE NAME(S): RICHARD GRAHAM
LAST NAME(S): PAULY

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JULY 08, 2020 FOUND
HOUR OF DEATH: 07:10 AM FOUND
SEX: MALE AGE: 50 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MARCH 29, 1970
BIRTHPLACE: ARLINGTON HEIGHTS, IL

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KIMBERLY DIANE SALVESEN

OCCUPATION: PROPERTY MANAGER
INDUSTRY: REAL ESTATE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: KIMBERLY SALVESEN
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 657 HOOD RIVER, OR 97031

CAUSE OF DEATH:

A: GUNSHOT WOUND OF THE HEAD
INTERVAL: IMMEDIATE

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: JULY 08, 2020 FOUND
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: HOME

LOCATION OF INJURY: 2191 LOOP ROAD

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648
COUNTY: SKAMANIA

DESCRIBE HOW INJURY OCCURRED: DECEDENT SHOT HIMSELF WITH
HANDGUN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2191 LOOP ROAD
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 2191 LOOP ROAD
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: CRAIG A PAULY
MOTHER: PATRICIA GRAHAM

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: JULY 17, 2020

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: SUICIDE
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ADAM N. KICK
TITLE: CORONER/ME
CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648-0790
DATE SIGNED: JULY 16, 2020

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: JULY 16, 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 Legal Name (Spouse A for Marriage or Dissolution) First Middle Last		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:
P.O. 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 2nd parent (if required):

Printed name: Date: 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, 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). The informant may change marital status with proof. 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 October 2015



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

CERTIFIED

AUG 03 2020

Alan Melnick
Health Officer
Skamania Co. Public Health



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