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WHEN RECORDED RETURN TO:

Kenneth M Wright
474 Ensign Ave NW
Ocean Shores WA 98569

DOCUMENT TITLE(S):

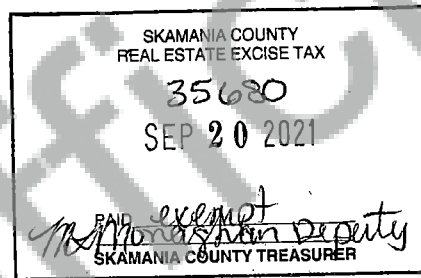
Lack of Probate Affidavit

GRANTOR :

Deanna Lou Wright, deceased

GRANTEE:

Kenneth M Wright, a widower

**LEGAL DESCRIPTION:**

A tract of land in the Northwest Quarter of Section 36, Township 3 north, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2A of the EVANS Short Plat, recorded in Book 'T' of Short Plats, Page 72, Skamania County Records

TAX PARCEL NUMBER(S):

03-07-36-2-0-1303-00

G.S. 9/20/21

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, Kenneth M. Wright, executes this affidavit relating to the estate of Deanne Lou Wright (herein "Decedent"), who died on 01/05/2021, in the County of Bruce Harbor State of Washington, then being a resident of the City of Ocean Shores, County of Bruce Harbor, 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 Leonard Frederick Wright, deceased

Name & relationship Anna Marie Wright, deceased

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 Skanane, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

See Attached Exhibit "A" for Legal Description ---
B Page 1 for full

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: 9-20, 2021

Kenneth M Wright
(Signature)

Kenneth M Wright
(Print or type full name)

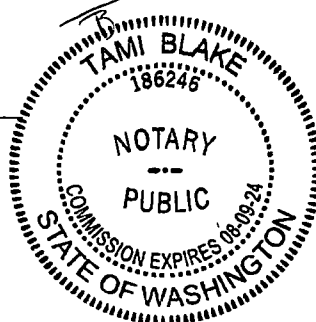
474 Ensign Ave NW
(Full address and telephone number)

Ocean Shores WA 98569

State of Washington
County of Skanane

SUBSCRIBED and SWORN TO before me this 20 day of September, 2021,
by Kenneth M Wright, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Ed P. Ben
Notary Public in and for the State of Washington
residing at Stevens



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-000893

DATE ISSUED: 01/15/2021
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): DEANNA LOU
LAST NAME(S): WRIGHT

COUNTY OF DEATH: KING
DATE OF DEATH: JANUARY 05, 2021
HOUR OF DEATH: 03:41 PM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: 535-48-8646

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

BIRTH DATE: OCTOBER 25, 1949
BIRTHPLACE: HOOD RIVER, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KENNETH WRIGHT

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: KENNETH WRIGHT
RELATIONSHIP: HUSBAND
ADDRESS: 601 NW MAPLE WAY, STEVENSON, WA 98648

CAUSE OF DEATH:
A: RESPIRATORY DEPRESSION
INTERVAL: HOURS
B: DUODENAL PERFORATION WITH GASTROINTESTINAL HEMORRHAGE
INTERVAL: DAYS
C: LOWER EXTREMITY NECROTIZING SOFT TISSUE INFECTION
INTERVAL: DAYS
D: LEFT FOOT SEPTIC ARTHRITIS AND OSTEOMYELITIS
INTERVAL: DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE II DIABETES MELLITUS,
CORONARY ARTERY DISEASE, HYPERTENSION

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: HARBORVIEW MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 474 ENSIGN AVE. NW
CITY, STATE, ZIP: OCEAN SHORES, WA 98569
INSIDE CITY LIMITS: YES COUNTY: GRAYS HARBOR
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: DEAN EVANS
MOTHER: BETTY FOSTER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EDWARDS CREMATORY LLC

CITY, STATE: LAKEWOOD, WASHINGTON
DISPOSITION DATE: JANUARY 11, 2021

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER

ADDRESS: 3005 BRIDGEPORT WAY W
CITY, STATE, ZIP: UNIVERSITY PLACE, WASHINGTON 98466
FUNERAL DIRECTOR: JAKE LEONETTI

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: NO RESPONSE

CERTIFIER NAME: RONALD MAIER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: HMC 325 9TH AVE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104
DATE SIGNED: JANUARY 06, 2021

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-21-113
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: JANUARY 11, 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
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 <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:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Date:
Printed name:	Date:

INSTRUCTIONS – go to 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

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. Proof documentation must be five or more years old or established within five years of birth.
4. 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

1. 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.
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 proof documentation.
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.



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

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
Anthony L-Chen, MD, MPH
DIRECTOR

DO NOT DESTROY

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