

WHEN RECORDED RETURN TO:Rick LowranceP.O. Box 62N. Bonnerville WA 98639360-536-8135

Skamania County, WA

Total: \$208.50

ALP

Pgs=6

Request of: RICK LOWRANCE

2021-003525

10/20/2021 10:54 AM



00010900202100035250060062

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)Affidavit (Lack of Probate)**REFERENCE NUMBER(S)** of Documents assigned or released:☐ Additional numbers on page ____ of document.**GRANTOR(S):**1. Tyrell Midland PR2. Estate of William Midland JR

3. _____

4. _____

☐ Additional names on page ____ of document.**GRANTEE(S):**1. Rick Lowrance

2. _____

3. _____

4. _____

☐ Additional names on page ____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):Lot 4 BLK Relocated North Bonnerville BKB P616☐ Complete legal on page ____ of document.**Assessor's Property Tax Parcel #** 02072038040000☐ Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Tyrell Midland, 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 Son
Relationship to decedent
of William Midland, who died on 5/23/16
Decedent/Grantor Date
at Tagbilaran City Bohol Philippines
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 4 BLK Relocated North Bonnevill BKBPG16

Skamania County Assessor

Date 6/20/21 Parcel# 2-7-20-34400

Assessor's Property Tax Parcel/Account Number: 020 7203400000
(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 ____)

Tyrell Midland, Son, 36, 2030 Greenleaf Dr

N. Bonnerille WA

Full name, age, relationship, address

Shawanna Midland, Daughter, 38, 508 Baker St

Baldwin City KS, 66606

Full name, age, relationship, address

Kelly Backlund, Daughter, 33, 241 Hot Springs Ave

Carson, WA 98610

Full name, age, relationship, address

Bethany Brunson, Daughter, 30, 606 Shattala, N. Bonaventure

WA 98639

Full name, age, relationship, address

Jeremy Gatewood, 33, Son, 4328 SE 25th Ave

Portland OR, 97202

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 10/20/21

Tyrell Midland
Affiant's full name

360-931-6282
Telephone number

2030 Greenleaf Dr
N. Bonneville WA 98639
City State Zip Code

Tyrell 10/20/21
Signature Date

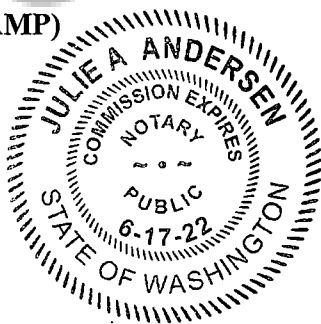
State of Washington County of Skamania

I know or have satisfactory evidence that Tyrell Midland
(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: 10/20/2021

(SEAL OR
STAMP)




Julie A. Andersen
Signature of Notary Public

Residing at: Carson, Washington

Notary Public in and for the State of Washington

My appointment expires: June 17, 2022

One of 16 14 copy

Municipal Form No. 103 (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH		(7) accomplished in quadruplicate using black ink)	
Province BOHOL City/Municipality TAGBILARAN CITY			Registry No. 2016-966		
1. NAME (First) (Middle) (Last) WILLIAM LAWRENCE MIDLAND JR.			2. SEX (Male/Female) Male		
3. DATE OF DEATH (Day, Month, Year) 23 May 2016		4. DATE OF BIRTH (Day) (Month) (Year) 14 March 1959		5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category) a. IF 1 YEAR OR ABOVE (2) Completed years 57 b. IF UNDER 1 YEAR (1) Months (0) Days Hours Mm/Sec c. IF UNDER 24 HRS	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) ENGLEWOOD HOSPITAL BOOL DISTRICT, TAGBILARAN CITY, BOHOL				7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) Single	
8. RELIGION/RELIGIOUS SECT None		9. CITIZENSHIP American		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) 112 Nanjing Road Stevenson, Washington 98648 USA	
11. OCCUPATION Retired / Pensioner		12. NAME OF FATHER (First, Middle, Last) William Lawrence Midland Sr.		13. MAIDEN NAME OF MOTHER (First, Middle, Last) Martha Lewis	
MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back)					
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) Interval Between Onset and Death I. Immediate cause : a. Cerebral Concussion and Hemorrhagic Contusion Severe with 2° Cerebral Edema; Subarachnoid left and right, subdural Hemorrhage Bilateral; Linear Fracture Lateral Wall right Orbit; Multiple Rib Fractures right, 3rd, 4th, 5th, 6th and 7th, left 8th, 9th ribs; Subcutaneous Antecedent cause : b. Emphysema, base of neck and right chest area; S/P closed Thoracotomy; S/P Tracheostomy; Underlying cause : c. Pneumonia left lung field II. Other significant conditions contributing to death:					
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old) a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices					
19d. DEATH BY EXTERNAL CAUSES a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)					20. AUTOPSY (Yes / No)
21a. ATTENDANT 1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify) X				21b. If attended, state duration (mm/dd/yy) From May 19, 2016 To May 23, 2016	
22. CERTIFICATION OF DEATH I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at 4:00 p.m. am/pm on the date of death specified above Signature DISI YAP ALBA, M.D. Name in Print Attending Physician Title or Position BOOL DISTRICT, TAGBILARAN CITY Address May 23, 2016 REVIEWED BY: 5/25/16 Signature Over Printed Name of Health Officer					
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)		24a. BURIAL/CREMATION PERMIT Number Date Issued		24b. TRANSFER PERMIT Number 0321995 Date Issued 5-24-16	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY					
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature George Dennis Drake Name in Print GEORGE DENNIS DRAKE Relationship to the Deceased Friend Address 304 E. Calceta St., Tagbilaran City Bohol Date May 23, 2016			27. PREPARED BY Signature Name in Print IONA MARGUERITE T. AGOR Title or Position Clerk Date May 23, 2016		
28. RECEIVED BY Signature Name in Print CECILIA B. MONTEMAYOR Title or Position Registration Officer II Date May 26, 2016			29. REGISTERED BY THE CIVIL REGISTRAR Signature Name in Print VIRGILIA S. INCOG Title or Position City Civil Registrar Date May 26, 2016		
REMARKS/ANNOTATIONS (For LCRO/OCRG)  A CERTIFIED MACHINE COPY FROM THE ORIGINAL VIRGILIA S. INCOG CITY CIVIL REGISTRAR					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR 5 8 9 10 11 19a(a)/19b 19a(c) 257 00 03 840 022					

14. AGE OF MOTHER _____

15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____

16. LENGTH OF PREGNANCY: _____
(In completed weeks)

17. TYPE OF BIRTH
(Single, Twin, Triplet, etc) _____

18. IF MULTIPLE BIRTH, CHILD WAS
(First, Second, Third, etc) _____

MEDICAL CERTIFICATE

19a. CAUSES OF DEATH

- a. Main disease/condition of infant _____
- b. Other diseases/conditions of infant _____
- c. Main maternal disease/condition affecting infant _____
- d. Other maternal disease/condition affecting infant _____
- e. Other relevant circumstances _____

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____

Signature _____

Title/Designation _____

Name in Print _____

Address _____

Date _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed _____ following
all the regulations prescribed by the Department of Health.

Signature _____

Title/Designation _____

Name in Print _____

License No. _____

Address _____

Issued on _____ at _____

Expiry Date _____

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower,
with residence and postal address _____

after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in
_____ and was buried/cremated in
_____ on _____

2. That the deceased at the time of his/her death:

☐

was attended by _____

☐

was not attended.

3. That the cause of death of the deceased was _____

4. That the reason for the delay in registering this death was due to _____

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____
at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____
Philippines, affiant who exhibited to me his Community Tax Cert.

issued on _____

at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address