	WHEN RECORDED RETURN TO:	Skamania County, WA 2021-003525
	RICK Lawrence	ALP 10/20/2021 10:54 AM Pgs=6
	P. O. Box 62	Request of: RICK LOWRANCE
	N. Bonneville WA 98639	00010900202100035250060062
	360-536-8135	
	Please print or type information Washington State	Recorder's Cover Sheet (RCW 65.04
	DOCUMENT TITLE(S) (or transaction contained therein) (al filled in)	l areas applicable to your document must be
	AFF. Dav. V (Lack of Protate) REFERENCE NUMBER(S) of Documents assigned or release	* () *
	REFERENCE NUMBER(S) of Documents assigned or releas	ed:
	5 3 4 1 1911 and a supplier of the supplier of	
	[] Additional numbers on page of document. GRANTOR(S):	-
	1. Tyrenmidland PR 2. Estat	e or William Midland JR
	34	SKAMANIA COUNTY
ŀ	[] Additional names on page of document.	REAL ESTATE EXCISE TAX
	GRANTEE(S):	OCT 20 2021
	1. Rick Lawrence 2.	
	34	PAIDS EX CMOT SKAMANIA CONTYTHEASURER
	[] Additional names on page of document.	Southing Township Pages Overstonin
	LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or	
١,	Lot 4 BLK Relocated North	130nneville BKBP6/6
	[] Complete legal on page of document.	
	Assessor's Property Tax Parcel # 020170280	545000 PP)
	[] Additional parcel numbers on page of document.	<u> </u>
	The Auditor/Recorder will rely on the information provided on the verify the accuracy or completeness of	
	"I am signing below and paying an additional \$50.00 recorderered to as an emergency nonstandard document), beca	rding fee (as provided in RCW 36.18.010 and
	formatting requirements. Furthermore, I herby understan	d that the recording process may cover up or
	otherwise obscure some part of the text of the origina	al document as a result of this request."
	Note to Submitter: Do NOT sign above nor pay additional \$50	Signature of Requesting Party fee if the document meets margin/formatting
	11010 to Submitted, 150 110 1 sign above not pay additional \$50 f	

requirements.

Return Address:
AFFIDAVIT (LACK OF PROBATE)
The undersigned affiant/grantee
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 Sov
of William Midans, who died on 5/23/16
at Taubilaran City Robot Philippines State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description:
Lot 4 BLK Relocated North Bonneville BKBP61
Skamania County Assessor
Date 16 20/21 Parce # 2-7-20-34400
TM
Assessor's Property Tax Parcel/Account Number: 0207263406000 (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)

Tyren Midland, Son, 36, 2036 Greenleaf Dr
M. Bonnerile WA Full name, age, relationship, address
Shawina Milland, Daughter, 38, 508 Bakerst
Raldwin City 165, 6666 Full name, age, relationship, address
Kelly Backlund, Daughler, 33, 241 Hotsprings AVC
Cason WA 98610 Full name, age, relationship, address
Bethany Buryan Daughter, 30, 606 Shathla, N. Bonneville
WA 98639
Full name, age, relationship, address
Jeremy Gartemand, 33, Son, 4328 SE 25th AVE
Postland 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	
Tyrey Midland	
Affiant's full name	
366-931-6282	
Telephone number 2030 Greenleaf	2 Dr
N. Bonneville	Street WA 98639
City	State Zip Code
Tall MM Signature	10/20/21
Signature	Date
State of Washington	County of Skamania
I know or have satisfactory evidence th	nat Tyrell Midland (name of person)
affidavit and acknowledged it to be (his	and said person acknowledged that (he/she) signed this s/her) free and voluntary act for the uses and purposes
mentioned in this affidavit.	
Dated: 10 120 12024	Gulill Radiven
(SEAL OR	Signature of Notary Public
STAMP) ANDER	Pariding on Corson Washington.
STONE STONE	icesiang at
TOTAPL RESILIENT	Notary Public in and for the State of Washington
OF WASHING	Residing at: <u>Carson</u> , <u>Washington</u> Notary Public in and for the State of <u>Washington</u> My appointment expires: <u>June 17</u> , 2022
"IN OF WASHING	

CERTIFICATE OF DEATH Trovince BOHOL Trovince BOHOL TagBLARAN CITY NAME (riss) (Middle) (Last) WILLIAM LAWRENCE MIDLAND JR. ALTER OF DEATH (Oxy, Meeth, Year) 4. DATE OF BIRTH (Oxy) (Month) (Year) 3. AGE AT THE TIME OF DEATH (First Index Order) (Year) 5. AGE AT THE TIME OF DEATH (First Index Order) (Year) 5. AGE AT THE TIME OF DEATH (First Index Order) (Year) 5. AGE AT THE TIME OF DEATH (First Index Order) (Year) 1. AGE AT THE TIME OF DEATH (First Index Order) (Year) 1. AGE AT THE TIME OF DEATH (First Index Order) (Year) 2. AGE AT THE TIME OF DEATH (First Index Order) (Year) 3. AGE AT THE TIME OF DEATH (Year) (And Order) (Year) 3. AGE AT THE TIME OF DEATH (Year) (And Order) (Year) 3. AGE AT THE TIME OF DEATH (Year) (And Order) (Year) 3. AGE AT THE TIME OF DEATH (Year) (And Order) (Year) 3. AGE AT THE TIME OF DEATH (Year) (And Order) (Year) 3. AGE AT THE TIME OF DEATH (Year)
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23 May 2016 14 March 1959 PLACE OF DEATH (Name of Hospital/Clinicinstitution/flodes No. St., Barangay, City/Municipality, Province) PLACE OF DEATH (Name of Hospital/Clinicinstitution/flodes No. St., Barangay, City/Municipality, Province) ENGLEWOOD HOSPITAL BOOL DISTRICT, TAGBILARAN CITY, BOHOL PELICION/RELIGIOUS SECT None 9. CITIZENSHIP American 10. RESIDENCE (House No. St., Barangay, City/Municipality, Province) 112 Nanjing Road Stevenson, Washington 98648 USA 13. MAIDEN NAME OF MOTHER (First, Middle, Leat) William Lawrence Wildland Sr. MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish Items 14-19a at the back) 16. CAUSES OF DEATH (if the deceased is aged a days and reve) 17. Internal Between Oliset and Death Antecedent cause 18. Cerebral Concussion and Hemorrhagic Contusion Severs with 2°C er obral Extains Antecedent cause 18. Cerebral Concussion and Hemorrhagic Entertain Linear Fracture Law Wall Fright 18. Charles and the Homer of Hospital Contusion Severs with 18. Cerebral Extains 18. Charles and the Homer of Hospital Contusion Severs with 18. Cerebral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 2°C er obral Extains 18. Charles and the Homer of Hospital Contusion Severs with 18. Charles and 18. Charles and 18. Charles and 18. Charles and
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b. CAUSES OF DEATH (If the deceased is aged 8 days and over) 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 Antecedent cause b. Orbit; Multiple Rib-Fractures-right, 3rd., 4th, 5th, 6th and 2th, left.8th, 9th ribs; Subcutaneous Underlying cause c. Emphysema, base of neck and right chest area; S/P closed Thoracotomy; S/P Tracheostomy; II. Other significant conditions contributing to death. Preumonia left lung field c. MATERNAL CONDITION (if the deceased is female aged 15-49 years old) a. pregnant, b. pregnant, in c. less than 42 days after delivery d. 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.) 1a. ATTENDANT 2 Public Physician Officer Authority BOL DISTRICT, TAGBILARAN CITY Dist May 23, 2016 Signature DISTAPA LBA, M.D Attending Physician BOOL DISTRICT, TAGBILARAN CITY Date May 23, 2016 Signature Over Printer Cover Printer Cover Printer Date Suburd Date May 23, 2016 Signature Over Printer Date Suburd Date Suburd Date Issued 5. NAME AND ADDRESS OF CEMETERY OR CREMATORY 3. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge, and bellef.
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DateMay 23, 2016
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May 26, 2016 May 26, 2016
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17. TYPE OF BIRTH (Single, Twin, Triplet, et	to)	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc)	
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