Skamania County, WA Total:\$206.50 ALP Pgs=4

2021-004000 12/07/2021 10:49 AM

Request of: SCHWABE WILLIAMSON & WYATT, P.C.



SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

DEC 07 2021

PAID N/A

PAID PAID PAID PAID SKAMANIA COUNTY TREASURER

Affidavit of Surviving Spouse or Domestic Partner for Claiming an Exemption Based on Inheritance of Real Estate

State of Washington	<u>.</u>		\nearrow				
County of Skam	nania	-4		-			
Name of deceased_	Joseph Steven Allyn	61	\supseteq	-			
I, (survivor's name)	7 (1 0		ai	ffirm that I am t	he sole		
and rightful heir to t	he property described	as:		-			
Parcel number(s)	0205300010300						
	Legal Description A			ounty Assessor)		
. 1		Dal	te 12/7/21 Par	*el# 02.05.30 C	00 8011 00		
I certify (or declare)	under penalty of perio	iry under the law	vs of the Stat	e of Washington	n that the		
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.							
Signed this 16th	day of November (month)	(year)	2021	at Washou (city)	gal, WA (state)		
	Din D	· allen	\sim				
(Signature of surviving spouse or registered domestic partner)							
	Jill D. Allyn						
(Printed name of surviving spouse or registered domestic partner)							
172	Stephanie L	ane W	Shouga	1 WA	98671		
(Address of surviving	g spouse or domestic p	partner)	(city)	(state)	(zip)		
Note: See RCW 82.45.197 on page 2 for statutory requirements.							

REV 84 0015 (8-13-15)

LEGAL DESCRIPTION

A tract of land in the Southeast Quarter of the Northwest Quarter of Section 30, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the AMENDED JOHNSON SHORT PLATS, recorded in Book 3 of Short Plats, Page 225, Skamania County records.

EXCEPTING therefrom the following described parcel:

Beginning at a point on the North line of said Southeast Quarter of the Northwest Quarter lying North 89°28'24" West 429.72 feet from the Northeast corner of said Lot-3; thence continuing North-89°28'24"-West-307.31-feet to the Northwest corner-of said Lot 3; thence South 00°33'07" West along the West line of said Lot 3 a distance of 304.68 feet; thence parallel with the North line of said Lot 3 South 89°28'24" East 306.65 feet; thence North 00°40'35" East 304.68 feet to the point of beginning.

Together with and subject to an easement for ingress, egress and utilities, including the terms and provisions thereof, recorded September 28, 1978 in Book 75, Page 431; recorded April 20, 1979 in Book 76, Page 416; Skamania County records and recorded March 5, 1981 in Book 79, Page 436, Skamania County Deed Records.

Skamania County Assessor

Date 12/7/21 Parcel# 2-5-30-1103

STATE MOE WAS HINGTON DEPARTIMENT OF MICARIE

USE ONLY	722			Health			
1. DISTRICT	1 12)	i	CERTIFICATE OF DEATH				
	LOCAL FILE NUMBER CERTIFICATE OF DE		CATE OF DEAT	n	STATE FILE NUMBER		
2 COPIES	1. NAME First		Middle	Last	2. SEX (M /F)	3. DEATH DATE (Mo, Day, Yr)	
1 HOSPITAL	Jose 4. AGE LAST BIRTH- 5. UNDER 1 Y		Y 7. BIRTHDATE (Mo. Day, Yr)	ALLYN 8. BIRTHPLACE	Male	January 22, 1999	
a. root ring		DAYS HOURS MINS		(City, State or Foreign Country)	9. WAS DECEDEN IN U.S. ARMED (Yes / No)	FORCES?	
4. OCCURRENCE	11. CITY, TOWN OR LOCATION OF D	EATH	9/4/1969 12. PLACE OF DEATH—20 E	Vancouver, WA	INSTITUTION NAME	13 SMOKING IN LAST	
	111 - 2		. 1. 1 HOME 2 IN TRANS	PORT 3. 🗆 EMERG. RN/OUT PTN , 4 🗆 HOSP. 🤾	S CI NUR HOME 6XX OTHER PLAC	IS YEARS? (Yes / No)	
5. RESIDENCE C	 MARITAL STATUS—Married. 	15. SURVIVING SPOU	823 E S SE (if wife, give maiden name)	treet 16. SOCIAL SECUR	ITY NO. 17 DE	NO NO CEDENT'S EDUCATION	
E D	Divorced (Specity)				(Sp	ecity only highest grade completed)	
6. TRACT N		_ Jill De	enise Johnson		Erement	2ary/Secondary (0-12) College (1-4 or 5+)	
7. OCCUPATION	 USUAL OCCUPATION (Give kind of during most of working life. DO NO 	f work done 19. Kit	ND OF BUSINESS OR INDUSTRY	20 Was Decedent of Hi	spanic origin or descent? (Anciecify Cuban, Mexican, Puerto F	estry) (Specify 21. RACE (Specify)	
7. OCCUPATION	Diagnostic Spe		Automotive	(Yes / No) Speci		White	
	22. RESIDENCE—NUMBER AND STRE	ET 2	3. CITY/TOWN, OR LOCATION	24. INSIDE CITY 25A. COUNTY	25B. LENGTH OF		
a	172 Stephanie	Ln.	Washougal	No Skamania		WA 98671	
9.	28. FATHER'S NAME—FIRST, MIDDLE	LAST		29. MOTHER'S NAME—FIRST	MIDDLE, MAIDEN SURNAME	WA 90071	
10.	Joseph Edward	Allyn		Jean Ann F			
N T S			(31: MAILING ADDRE	SS STREET OR RFD NO.	. CITY OR TOWN	STATE ZIP	
ıı. O	Jill Allyn 32. BURIAL.CREMATION 33. DA	TE (Mo, Day, Yr) 34	CEMETERY/CREMATORY—NAM	172 Stephanie	Ln. Washou		
МДО	REMOVAL, OTHER (Specify)	27/1999	A	norial Gardens		er, Washington	
12. <u>I</u>	36. FUNEBAL DIRECTOR SIGNATURE		NAME OF FACILITY	ior <u>tar</u> cardens	38. ADDRESS OF FACI	325 NE 3rd Ave	
13.	X C. Milde	diese !	STRAUB'S FUNI		Camas, V	JA 98607	
13.	TO BE COMPLETED OF 39. TO THE BEST OF MY KN	ONLY BY CERTIFYING PI			/ /	EXAMINER OR CORONER	
14.	AND WAS DUE TO THE CAUSE(S)	STATED.	CUHHED AT THE TIME, DATE AN	THE TIME, DISTE AND P	ACE AND WAS DUE TO THE	TION, IN MY OPINION DEATH OCCURRED AT CAUSE(S) STATED.	
C	SIGNATURE AND TITLE	_ 1		SIGNATURE AND TITLE	Ch will	Medical Examine	
15. F	40. DATE SIGNED (Mo., Day, Yr)		41. HOUR OF DEATH (24 Hrs.)	44. DATE SIGNED (Mo., Day	Yr)	45. HOUR OF CEATH (24 Hrs)	
18.				Jan. 22,199	9 .	0810	
IO.	42. NAME AND TITLE OF ATTENDING	PHYSICIAN IF OTHER THAN	CERTIFIER (Type or Print)	48. PRONOUNCED DEAD (N		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
17.	48. NAME AND ADDRESS OF CERTIFIE	ER PUYSICIAN MEDICAL	EVALUATED OF COPONER (T.	Jan. 22,199	19	(24 Hrs.) 0810	
			* * * * * * * * * * * * * * * * * * *	PO Box 5000 VAno	OUVER WA 986	49. ME/CORONER FILE NUMBER 99-65	
18.	50. ENTER THE DISEASES, INJUI				Juvel Wil 300	300 33-03	
	IMMEDIATE CAUSE (Final disease or condition resulting in death).			110		INTERVAL BETWEEN ONSET AND DEATH	
19.	DO NOT ENTER THE MODE OF		lunt force in	njuries			
	DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR B	DUE TO, OR AS A CONS	EQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH	
20 A	HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.	DUE TO, OR AS A CONS	EQUENCE OF:			INTERVAL BETWEEN ONSET AND	
21.ACCLOC	Sequentially list conditions, if any, leading to immediate cause. Enter	i.				DEATH	
O F	UNDERLYING CAUSE (Disease or injury which initiated events resulting	DUE TO, OR AS A CONS				INTERVAL BETWEEN ONSET AND DEATH	
22. QUERIES D	in death) LAST. D		ITING TO DEATH BUT NOT BEST	LTING IN THE UNDERLYING CAUSE GIVEN	I ABOVE: 52, AUTOPSY?	L SO MADO DASS DESERVED TO	
A			ing to beattable to these	ETHING IN THE UNDERCTING CAUSE GIVEN	Yes (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR Y eSPONER? (Yes / No)	
2 <u>7</u>	54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo. Day				ies	
24,	Accident	1-22-99	0800 ST	Artista	0011121	ith other bd-1-1-	
		·	00000	THE TASSENGET IN		ith other vehicle	
·	(Yes / No) E	ILDG, ETC. (Specify)	ME, FARM, STREET, FACTORY, OF	FICE 60. LOCATION—STREET OR RFD N		_	
	61. RECORD AMENDMENT (Registrar u		i ← 62, REGISTRAR	823 E Street	wasnougal Wa		
	ITEM DOCUMENTÂRY EVIDENCE	REVIEWED BY	DATE SIGNATURE	Karen & Stor	, ^	"JAN 2'5"1999"	
į				31 75/1. Well	gut, mo.		
	FOR INSTRUCTIONS SEE BACK AND HAN	DBOOK	18		,	DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)	

AOH 01-003 (5/98)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES. AFFIDAVIT NUMBER NUMBER OF CERTIFICATES | FEE NUMBER INITIALS STATE OFFICE USE ONLY STATE OFFICE USE ONLY 1. STATE FILE NUMBER Birth Marriage Death 📮 Dissolution
with for The record of 2. NAME 3. DATE OF EVENT 4. PLACE OF EVENT (City and County) 5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) 6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: THE RECORD NOW SHOWS: THE TRUE FACT IS: 10. 12 11 LREPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.)-SPECIFY-PHONE NUMBER: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT. 16. SIGNATURE 17 DATE 18, ADDRESS DCH 110-007 (Rev. 2/98) All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge. **Birth Certificates** 1. All changes must be established by documentary proof submitted with the affidavit. Only a parent, legal guardian (if the child is under 18), or the adult themselves (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. 3. 4. Proof must be five (or more) years old or established within five years of birth. Examples of documents of proof: Certificate of Naturalization Marriage Record School Record Voter's Registration Card (if it bears an effective date) Census Record Medical Record Hospital Records Military Record (DD-214) Alien Registration Card (front and back) Insurance Records Your Child's Birth Record Passport Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided: 6. - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate, (use the paternity affidavit - form DOH | 10-001)

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

Marriage/Dissolution (Divorce) Certificates =

- 1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections Center for Health Statistics 1112 Quince Street South P.O. Box 9709 Olympia, WA 98507-9709

This is a legal document. Complete in ink and do not alter. **GERTIFIED**

JAN 25 1999

wen Steingt, mad.

Dr. Karen Steingart Health District Officer S.W. Wash Health Dist.

GG125773