



WHEN RECORDED RETURN TO:

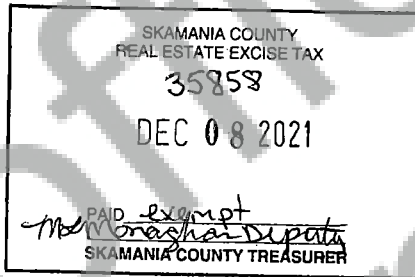
Jeri Connolly
132 Harder Road
Washougal, WA 98671

DOCUMENT TITLE(S):
Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Patrick S Connolly, deceased

GRANTEE:
Jeri L Connolly



ABBREVIATED LEGAL DESCRIPTION:

A tract of land in the Northeast Quarter of the Southwest Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the P.S.C. Short Plat, recorded in Book 3 of Short Plats, Page 326, Skamania County Records.

Skamania County Assessor

TAX PARCEL NUMBER(S):
02051900130500

Date 12/8/21 Parcel# 25-19-1305

STATE OF Washington)

COUNTY OF Skamania) SS:

The undersigned, Jeri L Connolly

The undersigned, Jeri L Connolly, executes this affidavit relating to the estate of Patrick S Connolly (herein "Decedent"), who died on November 26, 2009, in the

County of Skamania, State of Washington, then being a resident of the City of
Washougal, County of Skamania, 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]] Kathryn Patricia Connolly daughter
Name & relationship _____

Derek Michael Connolly son
Name & relationship _____

Adam David Connolly son
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 Skamania, State of Washington, and described as follows:
[INSERT either complete legal description, or refer to attachment for full legal description]

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: November 5, 2009

DocuSigned by:

Deri Connolly

381A43D962884B2...

132 ~~Harvard~~ Rd, Washougal, wa 98671

360 ~~Pratt~~ or ~~3604~~ full name)

(Full address and telephone number)

State of _____
County of _____

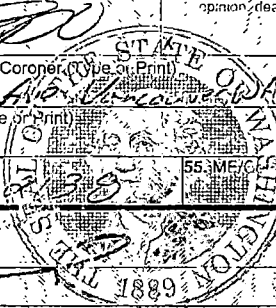
SUBSCRIBED and SWORN TO before me this _____ day of _____, 20____,
by _____, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Notary Public in and for the State of _____
residing at _____

STATE OF WASHINGTON DEPARTMENT OF HEALTH

#0000051576

Local File Number 2492		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Patrick Schafer Connolly				2. Death Date 11-26-2009		
3. Sex (M/F) Male	4a. Age - Last Birthday 63 Years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania	
7. Birthdate 03-26-1946		8a. Birthplace (City, Town, or County) Vancouver		8b. (State or Foreign Country) Washington		9. Decedent's Education High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 132 Harder Road				13b. City or Town Washougal		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington		13f. Zip Code + 4 98671
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						
14. Estimated length of time at residence. 32 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jeri Lynn Fuller		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Construction				18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) John Connolly				20. Mother's Name Before First Marriage (First, Middle, Last) Anne Lyons		
21. Informant's Name Jeri Connolly		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 132 Harder Road Washougal Washington 98671		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home		
25. Facility Name (If not a facility, give number & street or location) 132 Harder Road				26a. City, Town, or Location of Death Washougal		26b. State WA
27. Zip Code 98671						
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lower Columbia Crematory		30. Location-City/Town, and State Vancouver, Washington		
31. Name and Complete Address of Funeral Facility Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607				32. Date of Disposition 12-01-2009		
33. Funeral Director Signature X <i>Don Brown</i>						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death). → a. cardiopulmonary arrest Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. pulmonary metastasis Due to (or as a consequence of): c. liver metastasis Due to (or as a consequence of): d. hormone-refractory metastatic prostate cancer						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above anorexia				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk						
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						
48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>				48b. Medical Examiner/Coroner: On the basis of examination, autopsy investigation, my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) J. Michael Ann Liss 702 NE 37th Ave Vancouver WA 98664				50. Hour of Death (24hrs) 1710 Hours		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 11/30/2009		
53. Title of Certifier Physician		54. License Number 0200002138		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) NOV 30 2009		
59. Amendments						



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- 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/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

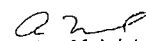
Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

NOV 30 2009


Alan Melnick
Health Officer
Clark County Public Health

SS00330580