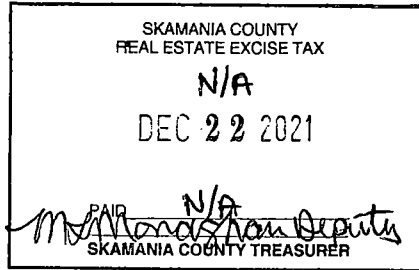


After recording, return to:
Jay Wesley Johnston
PO Box 281
Husum, WA 98623



Skamania County, WA
Total: \$207.50
ALP
Pgs=5
Request of: JAY WESLEY JOHNSTON
2021-004187
12/22/2021 11:03 AM
00011680202100041870050057

Grantor (Name of Decedent): Darla Jean Johnston
Grantee (Heirs): Jay Wesley Johnston
Abbreviated Legal Description: Ptn. Sec 22, T3N, R10E W.M.

Tax Parcel No(s). 03-10-2200-0101/00 *JW*

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington)

SS:

COUNTY OF Klickitat)

The undersigned, Jay Wesley Johnston, executes this affidavit relating to the estate of Darla Jean Johnston (herein "Decedent"), who died on 8/12/2020, in the County of Skamania, State of Washington, then being a resident of the City of Underwood, 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]]

Name & relationship Jay Wesley Johnston son

Name & relationship Shawna Caldwell daughter

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]

A tract of land located in the Southeast Quarter of the Northeast Quarter of Section 22, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point North 00° 08' West 681.33 feet and South 89° 52' West 30 feet from the quarter corner of the East line of the said Section 22, said point being the intersection of the Northerly line of Sooter Road as shown on the Plat of Sooter Tracts and the West right of way line of the county road known and designated as Cooper Avenue; thence North 00° 08' West 208 feet to the initial point of the tract hereby described; thence South 89° 38' West 418 feet; thence North 00° 08' West, parallel to the West line of the said Section 22 a distance of 446.9 feet, more or less, to the North line of the Southeast Quarter of the Northeast Quarter of the said Section 22; thence East along the North line of said subdivision to a point 30 feet distant from the East line of said Section 22; thence South 00° 08' East to the initial point; EXCEPT the North 231 feet thereof.

Parcel No.: 03-10-2200-0101/00

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: 12-14, 20 21

[Signature]
(Signature)

Jay Wesley Johnston
(Print or type full name)

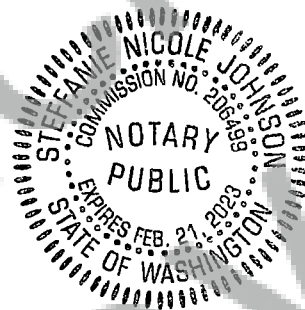
PO Box 281 Husum, WA 98623

(Full address and telephone number) 509-637-5136

State of Washington
County of Klickitat

SUBSCRIBED and SWORN TO before me this 14 day of December, 20 21,
by Jay Wesley Johnston, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

[Signature]
Notary Public in and for the State of Washington
residing at White Salmon



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-036749

DATE ISSUED: 08/13/2020
FEE NUMBER: 37956

FIRST AND MIDDLE NAME(S): DARLA JEAN
LAST NAME(S): JOHNSTON

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: AUGUST 12, 2020
HOUR OF DEATH: 12:15 AM
SEX: FEMALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JULY 05, 1945
BIRTHPLACE: PHOENIX, AZ

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: LAB TECHNICIAN
INDUSTRY: MEDICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: JAY JOHNSTON
RELATIONSHIP: SON
ADDRESS: P.O. BOX 281, HUSUM, WA 98623

CAUSE OF DEATH:
A: METASTATIC CANCER, UNKNOWN PRIMARY
INTERVAL: 2 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME
FACILITY OR ADDRESS: 22 CORNER ROAD
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651

RESIDENCE STREET: 22 CORNER ROAD
CITY, STATE, ZIP: UNDERWOOD, WA 98651
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 49 YEARS

FATHER: DANIEL RAY MACE
MOTHER: MINEOLA FELKNER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: CHRIS ZADA CEMETERY

CITY, STATE: UNDERWOOD, WASHINGTON
DISPOSITION DATE: AUGUST 12, 2020

FUNERAL FACILITY: GARDNER FUNERAL HOME INC.

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: VICTORIA LARA

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: R. ALLEN LABERGE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 65371 HIGHWAY 14
CITY, STATE, ZIP: WHITE SALMON, WA 98672
DATE SIGNED: AUGUST 12, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORI KOCH
DATE RECEIVED: AUGUST 12, 2020



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
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Required information must match current information on record

Required	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
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Telephone Number: ()	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):		
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth
- | | |
|--|--|
| Child under 18 <ul style="list-style-type: none">• If legal guardian(s), include certified court order proving guardianship• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*• After age one, 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 documentary proof is required.• To correct the sex of the child, one documentary proof from a medical provider is required | Adult (18 years or older) <ul style="list-style-type: none">• Only the adult can change his or her birth certificate• If the first or middle name is missing, three pieces of documentary proof are required• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required• To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015



CERTIFIED

AUG 13 2020

Amy Person, M.D.
Klickitat County Health Department



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