

2022-000731

04/07/2022 04:50 PM



00012709202200007310060067

WHEN RECORDED RETURN TO:

Victoria Gail Haskell

1313 141st Street SE

Mill Creek, WA 98012

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. Eugene W. Dils Jr

2. GAIL WHITFIELD DILS

3. _____

4. _____

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

APR 07 2022

☐ Additional names on page ____ of document.

GRANTEE(S):

1. Victoria Gail Haskell

2. _____

3. _____

4. _____

PAID
N/A
SKAMANIA COUNTY TREASURER

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Sec 15 of T2N, R7E WM and identified as Skamania County Tax

☐ Complete legal on page ____ of document.

Assessor's Property Tax Parcel #

Skamania County Assessor

32071500152700

Date: 4-7-22 Parcel # 32071500152700

☐ Additional parcel numbers on page ____ of document.

2M

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:

Victoria Gail Haskell

1313 141st Street SE

Mill Creek, WA 98012

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Victoria Gail Haskell, 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 the daughter
Relationship to decedent

of Eugene W. Dils Jr., who died on August 17, 1988
Decedent/Grantor *Date*

at Vancouver Clark Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Sec. 15 of T2N, R7E, W.M. and identified as Skamania County Tax
Lot# 32-07-15-0-01527-00

Skamania County Assessor

Date 4-7-22 Parcel# 32071500152700
2m

Assessor's Property Tax Parcel/Account Number: 32071500152700
(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 3)

Victoria Gail Haskell - 1313 141st Street SE, Mill Creek, WA 98012

Full name, age, relationship, address

Stephen Whitfield Dils | 525 Cameron Manor Way, Atlanta, GA 30328

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 3-8-2022

Victoria Gail Haskell

Affiant's full name

425-220-8346

Telephone number

1313 141st Street SE

Mill Creek

City

WA

State

98012

Zip Code

Victoria Gail Haskell
Signature


3/8/2022
Date

State of Washington County of Snohomish

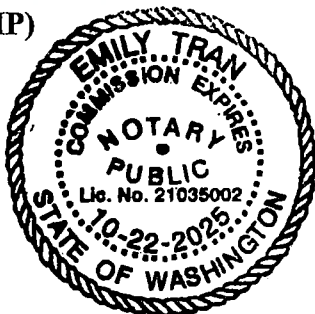
I know or have satisfactory evidence that Victoria Haskell
(name of person)

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: 3, 8, 2022


Signature of Notary Public

(SEAL OR
STAMP)



Residing at: 13300 B. Hwy mill creek WA 98012

Notary Public in and for the State of Washington

My appointment expires: 10, 22, 2025

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

D E C E D E N T	1. NAME—LAST, FIRST, MIDDLE Eugene W. DILS, Jr.				2. SEX M		3. DEATH DATE (Mo., Day, Yr.) August 17, 1988		4. DEATH NUMBER 146-8							
	4. AGE—LAST BIRTH DAY (Yrs.) 55		5. UNDER 1 YEAR MOS. DAYS HOURS MINS.		6. UNDER 1 DAY HOURS MINS.		7. BIRTHDATE (Mo., Day, Yr.) October 16, 1932		8. COUNTY OF DEATH Clark							
	9. CITY, TOWN OR LOCATION OF DEATH Vancouver				10. PLACE OF DEATH—M. BOX FOR PLACE, THEN GIVE ADDRESS OR INSTITUTION NAME 6904 S.E. Riverside Dr. Unit #2				11. BIRTH STATE (If not in USA give country) Washington							
	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		13. SPOUSE (If Wife give Maiden Surname) Gail W. Whitfield		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) no		15. SOCIAL SECURITY NO. [REDACTED]		16. HIGH SCHOOL GRADUATE (Yes/No) Yes							
P A R E N T S	17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.) Consultant				18. KIND OF BUSINESS OR INDUSTRY Management		19. RACE (White, Black, Am. Ind., etc. Specify) white		20. Was Decedent of Hispanic Origin? (specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. Yes 2. No (Specify)							
	21. SMOKING IN LAST 15 YEARS (Yes/No) No		22. RESIDENCE—NUMBER AND STREET 6904 S.W. Riverside Dr.		23. CITY/TOWN OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes/No) No		25. COUNTY Clark							
	26. STATE Wa.		27. ZIP CODE 98664		28. FATHER'S NAME—FIRST, MIDDLE, LAST Eugene W. Dils, Sr.		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Frances L. Remy									
	30. INFORMANT—NAME Gail W. Dils, wife				31. MARVING ADDRESS 6904 S.W. Riverside Dr. Unit #2		32. CITY OR TOWN Vancouver		33. STATE Wa.							
D I S P O S I T I O N	34. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		35. DATE (Mo., Day, Yr.) August 20, 1988		36. CEMETERY/CREMATORY—NAME Park Hill Cemetery		37. LOCATION—CITY/TOWN, STATE Vancouver, Washington									
	38. FUNERAL DIRECTOR Kenneth R. Anderson		39. NAME OF FACILITY Vancouver Funeral Chapel		40. ADDRESS OF FACILITY 110 E. 12th St.		41. CITY/TOWN, STATE, ZIP Vancouver, Wa. 98660									
	42. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN SIGNATURE AND TITLE X <i>William Galen, M.D.</i>					43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER SIGNATURE AND TITLE X <i>[Signature]</i>										
	44. DATE SIGNED (Mo., Day, Yr.) Aug 22, 1988					45. HOUR OF DEATH (24 Hrs.) 10:23 AM										
C E R T I F I E R	46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William Galen, M.D.					47. PRONOUNCED DEAD (Mo., Day, Yr.) 2311 NW Northrup Portland, Oregon 97210										
	48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) William Galen, M.D. 2311 NW Northrup Portland, Oregon 97210					49. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.										
	IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.					<table border="1" style="width: 100%;"> <tr> <td>(A) <i>Carcinoma of prostate</i></td> <td>INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs</td> </tr> <tr> <td>(B) DUE TO, OR AS A CONSEQUENCE OF</td> <td>INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td>(C) DUE TO OR AS A CONSEQUENCE OF</td> <td>INTERVAL BETWEEN ONSET AND DEATH</td> </tr> </table>					(A) <i>Carcinoma of prostate</i>	INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs	(B) DUE TO, OR AS A CONSEQUENCE OF	INTERVAL BETWEEN ONSET AND DEATH	(C) DUE TO OR AS A CONSEQUENCE OF	INTERVAL BETWEEN ONSET AND DEATH
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(B) DUE TO, OR AS A CONSEQUENCE OF	INTERVAL BETWEEN ONSET AND DEATH															
(C) DUE TO OR AS A CONSEQUENCE OF	INTERVAL BETWEEN ONSET AND DEATH															
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE					51. AUTOPSY? (Yes/No)											
C A U S E O F D E A T H	53. ACC. SUICIDE, HOA, UNDET., OR PENDING INVEST. (Specify)		54. INJURY DATE (Mo., Day, Yr.)		55. HOUR OF INJURY (24 Hrs.)		56. DESCRIBE HOW INJURY OCCURRED		52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)							
	57. INJURY AT WORK? (Yes/No)		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)		59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE											
	60. REGISTRAR SIGNATURE X <i>Karen Steingart, M.D.</i>					61. DATE RECEIVED (Mo., Day, Yr.) AUG 24 1988										
	62. ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE					63. ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE										

DSHS 6-150 (Rev. 1-88) 1187

AUG 24 1988

SEAL

KAREN STEINGART, M.D.
DISTRICT HEALTH OFFICER

DSHS 6-841A (11/85)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-018019

LOCAL FILE NUMBER: 1630

DATE ISSUED: 05/03/2016

FEE NUMBER: 0000310516

GIVEN NAMES: GAIL WHITFIELD
LAST NAME: DILS

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: APRIL 30, 2016
HOUR OF DEATH: 08:05 A.M.
SEX: FEMALE
AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: SEPTEMBER 10, 1932
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: VICTORIA GAIL HASKELL
RELATIONSHIP: DAUGHTER
ADDRESS: 1313 141ST STREET SE, MILL CREEK, WASHINGTON 98012

CAUSE OF DEATH:
A. POSSIBLE STROKE
INTERVAL: DAYS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DEMENTIA, CHRONIC RENAL DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: QUAIL PARK MEMORY CARE
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98087

RESIDENCE STREET: 4015 164TH STREET SW
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98087
INSIDE CITY LIMITS? YES
COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

FATHER/PARENT: GLENN EVERETT WHITFIELD
MOTHER/PARENT: ELEANOR ABIGAIL LOVERING

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE, ZIP: SEATTLE, WA
DISPOSITION DATE: MAY 04, 2016

FUNERAL FACILITY: PURDY & WALTERS AT FLORAL HILLS
ADDRESS: 409 FILBERT RD
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: JESSICA M. HANSEN

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: KENNETH W. KOOSER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 12800 BOTHELL EVERETT HWY, STE 160
CITY, STATE, ZIP: EVERETT WA 98208
DATE SIGNED: MAY 02, 2016

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

LOCAL DEPUTY REGISTRAR:
MARTHA RUIZ
DATE RECEIVED: MAY 03, 2016