



00013012202200009770050059

WHEN RECORDED RETURN TO:

Mary Lue Snow
566 SW Paiute St.
Mountain Home, ID 83647

DOCUMENT TITLE(S):

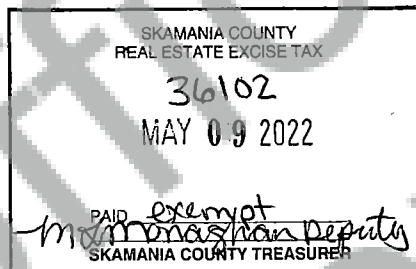
Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**GRANTOR:**

Leland DeMar Snow, deceased

GRANTEE:

Mary Lue Snow, a widow

**LEGAL DESCRIPTION:**

A tract of land in the Southeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the TERRY MARK Short Plat, recorded in Book 3 of Short Plats, Page 305, Skamania County Records.

TAX PARCEL NUMBER(S):03-08-17-3-0-1416-00 *pm*

Skamania County Assessor

Date 5/9/22 Parcel# 03081730141600

After recording, return to:

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

STATE OF Washington)

SS:

COUNTY OF Skamania)

The undersigned, Meryluz Snow, executes this affidavit relating to the estate of Beland DeMar Snow (herein "Decedent"), who died on Jan. 2, 2016 in the County of Cowlitz, State of Washington, then being a resident of the City of Woodland, County of Cowlitz, 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 Larry D. Snow, son / Robert H Snow - son

Name & relationship Carolyn Snow, daughter

Name & relationship LeAnn Snow, daughter

Name & relationship Frank S Snow, son / Andrea Snow, daughter

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: April 22, 2022

MaryLue Snow
(Signature)

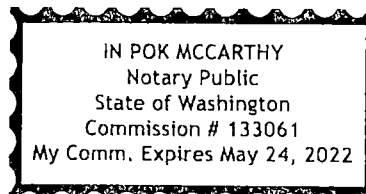
MaryLue Snow
(Print or type full name)

850 S Pekon Rd Woodland, WA 98674 208-283-2930
(Full address and telephone number)

State of Washington
County of Cowlitz

SUBSCRIBED and SWORN TO before me this 22 day of April, 2022
by MaryLue Snow, 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 Woodland



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 6		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix LELAND DeMAR SNOW			2. Death Date Jan. 2, 2016		
3. Sex (M/F) Male	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Cowlitz
7. Birthdate Nov. 29, 1937	8a. Birthplace (City, Town, or County) Rupert	8b. (State or Foreign Country) Idaho	9. Decedent's Education Some College		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 850 South Pekin Road				13b. City or Town Woodland	
13c. Residence: County Cowlitz	13d. Tribal Reservation Name, (if applicable) ---	13e. State or Foreign Country Washington		13f. Zip Code + 4 98674	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. Seven years		15. Marital Status at Time of Death. Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Marylue Hatch	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Carpenter			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Frank DeMar Sullivan Snow			20. Mother's Name Before First Marriage (First, Middle, Last) Lena Mae Campbell		
21. Informant's Name Larry Snow		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 850 South Pekin Road Woodland Washington 98674	
24. Place of Death, if Death Occurred in a Hospital: ---			Place of Death, if Death Occurred Somewhere Other than a Hospital: Adult Care Facility - Room 128-1		
25. Facility Name (If not a facility, give number & street or location) Woodland Rehab & Assisted Living Center			26a. City, Town, or Location of Death Woodland		26b. State Wash.
27. Zip Code 98674		28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Chesterfield Cemetery	
30. Location-City/Town, and State Chesterfield, Idaho			31. Name and Complete Address of Funeral Facility Columbia Funeral Service 1105 Maple St. Longview, Washington 98632		
32. Date of Disposition January 9, 2016			33. Funeral Director Signature X <i>TK Hubert, Jr.</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. <i>Pulmonary Insufficiency</i> Interval between Onset & Death <i>Unknown</i>					
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. <i>Pneumonia</i> Due to (or as a consequence of): <i>Unknown</i>					
c. <i>Malignant Neoplasm of Tongue</i> Due to (or as a consequence of): <i>Unknown</i>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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"/> Accident <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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt No. 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.			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in 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) <i>GR [Signature]</i> Box 2067 Longview, Washington 98632			50. Hour of Death (24hrs) 1426		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) 1/5/2016		
53. Title of Certifier <i>Hernandez [Signature]</i>		54. License Number MD 2435		55. ME/Coroner File Number 16-006	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			57. Registrar Signature X <i>[Signature]</i>		
58. Date Received (MM/DD/YYYY) JAN 06 2016			59. Amendments		





Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
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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Required	Required information must match current information on record				
	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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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				
Telephone Number: ()		Email Address:		

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 foregoing 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

- 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)

- 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

Dr. Jennifer Vines, MD, MPH
Health Officer/Registrar
Cowlitz County Health Department
Longview, WA

JAN 07 2016

DD00298426