

Skamania County, WA
Total: \$208.50
ALP
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2022-000987

05/11/2022 11:41 AM

Request of: COLUMBIA GORGE TITLE



00013026202200009870060069

WHEN RECORDED RETURN TO:

Gary Collins
11116 NE 202nd Ave
Brush Prairie, WA 98606

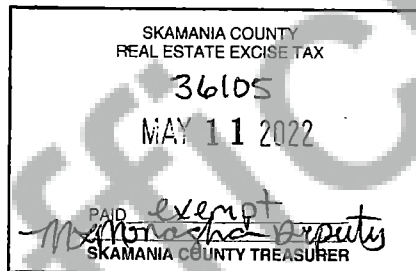
DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR :

Timothy F. Collins, deceased



GRANTEE:

Gary T. Collins, as Personal Representative of the Estate of Dorothy R. Collins, deceased, pursuant to Clark County Superior Court Case No. 19-4-00065-06

LEGAL DESCRIPTION:

Parcel I

Lot C-42, Plat of Relocated North Bonneville- CBD, Sheet 9 of 10 Sheets, recorded in Book 'B' of Plats, Page 15, under Skamania County File No. 83466, also recorded in Book 'B' of Plats, Page 31, under Skamania County File No. 84429, records of Skamania County, Washington.

Parcel II

Lot 21, Block 3, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book 'B' of Plats, Page 9, under Skamania County File No. 83466, also recorded in Book 'B' of Plats, Page 25, under Skamania County File No. 84429, records of Skamania County, State of Washington.

Skamania County Assessor

TAX PARCEL NUMBER(S):

02-07-20-1-3-0300-00 & 02-07-30-1-1-4800-00

Date 5/11/22 Parcel# 2-7-20-1-3-300
2-7-30-1-1-4800

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, Gary T Collins, executes this affidavit relating to the estate of Timothy F Collins (herein "Decedent"), who died on Oct 4, 2012, in the County of Wasco, State of Oregon, then being a resident of the City of North Bonneville, 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 Dorothy R Collins Spouse

Name & relationship Gary T Collins son

Name & relationship Cheryl L. Seidl daughter

Name & relationship Wayne D Collins SON

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 SKAMAMIA, 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 25, 20 22

Gary T Collins

(Signature)

Gary T Collins

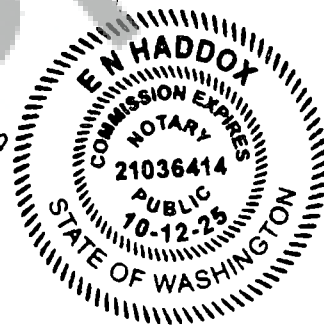
(Print or type full name)

11116 NE 202nd Ave, Brush Prairie, WA 98606

(Full address and telephone number) 360-892-7683

State of Washington

County of Skamania



SUBSCRIBED and SWORN TO before me this 25th day of April, 2022

by Gary T Collins, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

E. N. Haddox

Notary Public in and for the State of Washington
residing at Carson

exp 10/12/25

Phyllis E. Dorondo daughter

Bradley J Collins son

Bryan M. Collins son

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CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

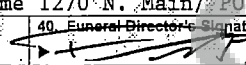
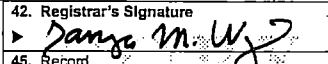
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I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any)		First Timothy		Middle F.		Last COLLINS		Suffix		2. Death Date (MM/DD/YYYY) Oct. 4, 2012	
3. Sex (M/F) Male		4a. Age - Last Birthday 90		4b. Under 1 Year Months: Days:		4c. Under 1 Day Hours: Minutes:		5. Social Security Number		6. County of Death Wasco	
7. Birthdate (MM/DD/YYYY) June 19, 1922		8a. Birthplace (City/Town, or County) Wibaux				8b. (State or Foreign Country) Montana		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 700 Veterans Drive						14. City/Town The Dalles					
15. Residence County Wasco				16. State or Foreign Country Oregon				17. Zip Code + 4 97058		18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. Marital Status at Time of Death Married				20. Spouse's Name (If married or widowed, give name prior to first marriage.) Dorothy Sinz							
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Foreman								22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Construction			
23. Father's Name (First, Middle, Last, Suffix) Dennis L. Collins				24. Mother's Name Prior to First Marriage (First, Middle, Last) Nettie Mary Chamberlain							
25. Informant's Name Dorothy Collins		26. Telephone Number 509-427-8194		27. Relation to Decedent Spouse		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) P.O. box 193 North Bonneville WA 98639					
29. Place of Death Nursing Home				30. Facility Name Oregon Veterans Home							
31. Location of Death (give address) 700 Veterans Way				32. City/Town or Location of Death The Dalles				33. State Or		34. Zip Code + 4 97058	
35. Method of Disposition Burial				36. Place of Disposition (Name of cemetery, crematory, or other place) Wind River Memorial Cemetery				37. Location: Carson, Washington			
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home 1270 N. Main PO Box 390 White Salmon, WA. 98672											
39. Date of Disposition (MM/DD/YYYY) Oct. 11, 2012				40. Funeral Director's Signature 				41. OR License Number RR64			
42. Registrar's Signature 				43. Date Received (MM/DD/YYYY) October 10, 2012				44. Local File Number 183			
45. Record Amendment I.D. TAG NO. left blank, corrected by Funeral Director Affidavit, 10/17/12, K. Hall, Co. Reg., tw											

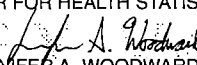
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 0450	
CAUSE OF DEATH (See instructions and examples.)							
50. 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.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death -> Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		IMMEDIATE CAUSE a. arteriovenous aneurysm				76 months	
		Due to (or as a consequence of) ↓ b. hemiparesis					
		Due to (or as a consequence of) ↓ c. /					
		Due to (or as a consequence of) ↓ d. /					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
52. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)							
60. Describe how injury occurred.						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Deborah A. Woodward, 1234 Main St, The Dalles, OR 97058							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier Deborah A. Woodward, Physician				65. License Number 0880070004		66. Date Signed (MM/DD/YYYY) 10/13/12	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - 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.			
69. Record Amendment							

ORIGINAL - VITAL RECORDS COPY

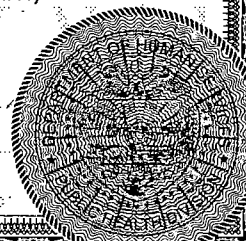
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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: **OCT 17 2012**


JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



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