



00013543202200013550070079

WHEN RECORDED RETURN TO:

James D. Richardson

371 High Bridge Road

Carson, WA 98610

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)

Re-record AFN 2022-001301 DTD 06.27.2022
Affidavit (Lack of Probate) Names were incorrect & missing one

REFERENCE NUMBER(S) of Documents assigned or released:

AFN 2022-001301 DTD 06.27.2022

☐ Additional numbers on page _____ of document.

GRANTOR(S):

1. Myra Jean Richardson

2.

Skamania County

3.

4.

Real Estate Excise Tax

☐ Additional names on page _____ of document.

GRANTEE(S):

1. James Darrell Richardson

2.

PAID

Skamania County Treasurer

3.

4.

☐ Additional names on page _____ of document.

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

A tract of land in the North 37.5 rods of the SW Qtr of the NW Qtr of Sec. 17, T3N, R8E

WM

☒ Complete legal on page 3 of document.

Assessor's Property Tax Parcel #

03081720017000

☐ Additional parcel numbers on page _____ of document.

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:

James Darrell Richardson

371 High Bridge Road

Carson, WA 98610

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee James Darrell Richardson, 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 Husband

Relationship to decedent

of Myra Jean Richardson

Decedent/Grantor

, who died on Jan. 10, 2016

Date

at North Bonneville

City

Skamania

County

Washington

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

A tract of land in the North 37.5 rods of the SW Qtr of the NW Qtr of Sec. 17, T3N, R8E of the WM, lying Southerly of the Southerly right of way line of the Bonneville Power Administration's McNary-Ross transmission line.

Complete legal on page 2

Assessor's Property Tax Parcel/Account Number: 03081720017000

(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 _____)

A tract of land in the North 37.5 rods of the Southwest Quarter of the Northwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, lying Southerly of the Southerly right of way line of the Bonneville Power Administration's McNary-Ross transmission line, more particularly described as follows:

BEGINNING at the Northeast corner of the Southwest Quarter of the Northwest Quarter of the said Section 17, said point being marked by an iron rod; thence South $1^{\circ}22'10''$ West along the East line of the Southwest Quarter of the Northwest Quarter of said Section 27, 333.15 feet to the Southerly line of the McNary-Ross transmission line right of way being the true point of beginning; thence South $1^{\circ}22'10''$ West 285.60 feet; thence North $88^{\circ}35'40''$ West 881.48 feet to the Southerly line of said transmission line right of way; thence following said right of way line North $61^{\circ}43'30''$ East 551.63 feet; thence North $89^{\circ}37'40''$ East 402.25 feet to the point of beginning.

Skamania County Assessor

Date 6/30/22 Parcel# 3-8-17-2-170



Chelse Anne Callahan - 37

Daughter Carson, WA

Full name, age, relationship, address

Rodney Edward Richardson - 50

Son Riverside, CA

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 : June 30, 2022

James Darrell Richardson

Affiant's full name

509-427-4412

Telephone number

371 High Bridge Road

Carson

City

Street

WA

State

98610

Zip Code

James Darrell Richardson
Signature

June 30th 2022
Date

State of Washington

County of Skamania

I know or have satisfactory evidence that James Darrell Richardson

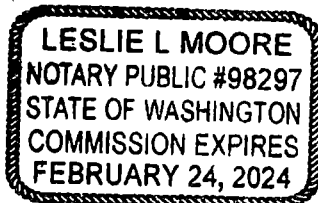
(name of person)

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: 06/30/2022

Leslie L Moore
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 02/24/2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2016-001359

DATE ISSUED: 05/19/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MYRA JEAN

LAST NAME(S): RICHARDSON

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JANUARY 10, 2016

HOUR OF DEATH: 02:42 PM

SEX: FEMALE

AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER

FACILITY OR ADDRESS: SR 14 EAST OF THE CITY OF NORTH BON

CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639

RESIDENCE STREET: 371 HIGH BRIDGE RD

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 35 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: APRIL 20, 1946

BIRTHPLACE: PORTLAND, OR

FATHER: FRANK JARVIS

MOTHER: ALICE FERN HARSCH

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JAMES DARRELL RICHARDSON

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: WHITE SALMON CEMETERY

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: JANUARY 22, 2016

INFORMANT: JIM RICHARDSON

RELATIONSHIP: SPOUSE

ADDRESS: 371 HIGHBRIDGE ROAD CARSON, WA 98610

FUNERAL FACILITY: GARDNER FUNERAL HOME, INC.

ADDRESS: 1270 NORTH MAIN

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:

A: UNSPECIFIED NATURAL CAUSES

INTERVAL: UNKNOWN

B: THREE VESSEL CORONARY ARTERY DISEASE

INTERVAL: 3 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC HEART FAILURE,
DIABETES, HYPERTENSION, SLEEP APNEA

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: ADAM N. KICK

TITLE: CORONER/ME

CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648-0790

DATE SIGNED: JANUARY 13, 2016

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: JODI READY, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AMANDA HERTEL

DATE RECEIVED: JANUARY 14, 2016



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 Legal 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: P.O. 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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
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Printed name:	Date:	Printed name:	Date:
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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, 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). The informant may change marital status with proof. 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 October 2015

CERTIFIED

MAY 19 2022

Alan Melnick

Alan Melnick
Health Officer
Skamania Co. Public Health



0 1 2 3 6 9 5 1



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.