

Skamania County, WA

Total: \$208.50

ALP

Pgs=6

Request of: FIDELITY NATIONAL TITLE

2022-001362

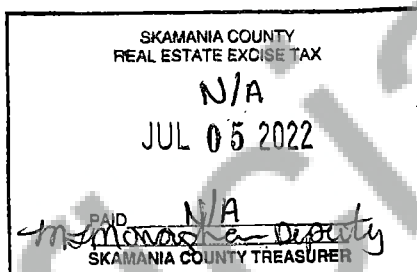
07/05/2022 09:27 AM



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Requested by and Return to:  
**Fidelity National Agency Solutions**  
6500 Pinecrest Drive, Suite 600  
Plano, Tx 75024

FNC-ARS-72588



**Document Title(s): LACK OF PROBATE AFIDAVIT**

**DECEDANT(s) : JOE WILLIAM BLEDSOE**

**AFFIANT(s) : LINDA L BLEDSOE**

**Legal Description** (Abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

All that Portion of the Northeast Quarter of the Southwest Quarter of Section 32, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, Lying East of the center of the Channel of the North Fork and North of the center of the Channel of the East Fork of the Washougal River.

Except that portion lying within the right of way of the Washougal River road.

Also except Manufactured Home.

**Assessor's Property Tax Parcel/Account Number:**

02053230050100

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_

**FNC-APS-72588**

STATE OF WA )

COUNTY OF CLATSOP <sup>DS</sup> ) <sup>SS:</sup> Skamania

The undersigned, Linda L. Bledsoe, executes this affidavit relating to the estate of Joe W. Bledsoe (herein "Decedent"), who died on 6/27/13, in the County of Skamania, State of Wa., then being a resident of the City of Washougal, County of Skamania, State of Wa.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner 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): \_\_\_\_\_

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue 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); **and**
3. **all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Linda L. Bledsoe  
Address: 10832 Washougal River Rd., Washougal, Wa 98671

Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Name & relationship Diane M. Dierich Daughter  
Address: 4500 Nicholson Rd., Vancouver, Wa. 98661

Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_

Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property  
☐ Separate property  
☐ Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:  
☒ married to Linda L. Bledsoe  
☐ unmarried, not a registered domestic partner  
☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:  
☒ married to Linda L. Bledsoe  
☐ unmarried, not a registered domestic partner  
☐ unmarried, a registered domestic partner of \_\_\_\_\_
3. ☐ That the decedent left a Will, **a copy of which is attached hereto.**  
☒ That the decedent left no Will.  
☐ That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.  
☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
☐ That State and/or Federal succession or inheritance taxes in the amount of \$\_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☒ That the decedent has not received assistance from the State of Washington for medical care.  
☐ That the decedent has received assistance from the State of Washington for medical care.  
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

*(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):*

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): N/A

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 0, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 0, and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ \_\_\_\_\_.

This affidavit is made to induce CHICAGO TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

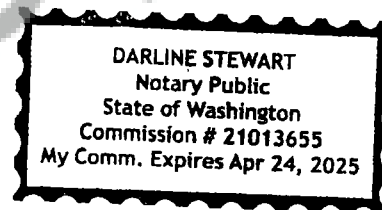
DATED: JUNE 21ST, 2022

Linda L. Blodine  
(Signature)

Linda L. Blodine  
(Print or type full name)

10832 Washington River Rd  
(Full address and telephone number)

Washington WA 98671 360-832-3713



SUBSCRIBED and SWORN TO before me this 21ST day of JUNE, 2022

Darline Stewart  
Notary Public in and for the State of  
Washington, residing at 4308 NE 140th Ave Vancouver WA 98682

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number

## Washington State Certificate of Death

State File Number

|  |                                      |  |  |   |  |
|--|--------------------------------------|--|--|---|--|
| 1. Legal Name: (Include AKA's if any) First Middle LAST Suffix<br><b>Joe William Bledsoe</b>                         |                                      |  |  | 2. Death Date<br><b>06/27/2013</b>  |  |
| 3. Sex: (M/F)<br><b>M</b>  | 4a. Age - Last Birthday<br><b>71</b> | 4b. Under 1 Year<br>Months Days                            | 4c. Under 1 Day<br>Hours Minutes   | 5. Social Security Number<br>[REDACTED]   | 6. County of Death<br><b>Skamania</b>                    |
| 7. Birthdate<br><b>08/17/1941</b>  |                                      | 8a. Birthplace (City, Town, or County)<br><b>Whittier</b>  | 8b. (State or Foreign Country)<br><b>California</b>  |   | 9. Decedent's Education<br><b>Some College-No Degree</b> |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.<br><b>No</b>                                       |                                      |  | 11. Decedent's Race(s)<br><b>White</b>   |   | 12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>   |
| 13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)<br><b>10832 Washougal River Road</b>     |                                      |  |  | 13b. City or Town<br><b>Washougal</b>   |  |
| 13c. Residence: County<br><b>Skamania</b>  |                                      | 13d. Tribal Reservation Name (if applicable)<br><b>N/A</b> |  | 13e. State or Foreign Country<br><b>Washington</b>  | 13f. Zip Code + 4<br><b>98671</b>                        |
| 14. Estimated length of time at residence.<br><b>29 Years</b>  |                                      | 15. Marital Status at Time of Death<br><b>Married</b>      |  | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage).<br><b>Linda L. Foust</b>                   |  |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)<br><b>Baker</b> |                                      |  | 18. Kind of Business/Industry (Do not use Company Name)<br><b>Food Industry</b>                                  |   |  |
| 19. Father's Name (First, Middle, Last, Suffix)<br><b>Clyde A. Bledsoe</b>   |                                      |  | 20. Mother's Name Before First Marriage (First, Middle, Last)<br><b>Ruth I. Workman</b>                          |   |  |
| 21. Informant's Name<br><b>Linda L. Bledsoe</b>  |                                      | 22. Relationship to Decedent<br><b>Wife</b>                |  | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip<br><b>10832 Washougal River Road Washougal WA, 98671</b> |  |
| 24. Place of Death, if Death Occurred in a Hospital:<br><b>Decedent's Home</b>                                       |                                      |  |  |   |  |
| 25. Facility Name (If not a facility, give number & street or location)<br><b>10832 Washougal River Road</b>         |                                      |  | 26a. City, Town, or Location of Death<br><b>Washougal</b>  |   | 26b. State<br><b>WA</b>                                  |
| 28. Method of Disposition<br><b>Cremation</b>  |                                      |  | 29. Place of Final Disposition (Name of cemetery, crematory, other place)<br><b>Oregon First, Call Crematory</b> |   | 30. Location-City/Town, and State<br><b>Portland, OR</b> |
| 31. Name and Complete Address of Funeral Facility<br><b>Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607</b> |                                      |  | 32. Date of Disposition<br><b>07/01/2013</b>   |   |  |
| 33. Funeral Director Signature X <b>Ron A. Brown</b>   |                                      |  |  |   |  |

|  |  |   |  |   |  |   |  |  |  |
|--|--|---|--|---|--|---|--|--|--|
| 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.<br><br>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Acute MI (Myocardial Infarction)</b> Interval between Onset & Death <b>Acute</b><br>Due to (or as a consequence of):<br>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. <b>Non-insulin dependent diabetes mellitus</b> Interval between Onset & Death <b>9 years</b><br>Due to (or as a consequence of): c. <b>Hypertension</b> Interval between Onset & Death <b>30 years</b><br>Due to (or as a consequence of): d.<br>35. Other significant conditions contributing to death but not resulting in the underlying cause given above<br><b>Hypertension</b> |  |   |  |   |  | 36. Autopsy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | 37. Were autopsy findings available to complete the Cause of Death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 38. Manner of Death<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Undetermined<br><input type="checkbox"/> Suicide <input type="checkbox"/> Pending   |  | 39. If female<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days before death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |  | 40. Did tobacco use contribute to death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably<br><input checked="" type="checkbox"/> No <input 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk   |  | 45. Location of Injury: Number & Street: Apt No.<br>City or Town: County: State: Zip Code + 4:  |  |   |  |   |  |  |  |
| 46. Describe how injury occurred<br>47. If transportation injury, specify:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian<br><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<br>X <b>[Signature]</b> MD  |  |   | 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.<br>X <b>[Signature]</b> |   |  |   |  |  |  |
| 49. Name and Address of Certifying Physician, Medical Examiner or Coroner (Type or Print)<br><b>DAVID N. HAGEN MD 327 W. 8th Ave Camas, WA</b>   |  |   | 50. Hour of Death (24hrs)<br><b>1530 hrs</b>   |   |  |   |  |  |  |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print)  |  |   | 52. Date Signed (MM/DD/YYYY)<br><b>6-28-2013</b>   |   |  |   |  |  |  |
| 53. Title of Certifier<br><b>MD</b>  |  | 54. License Number<br><b>110000213984 WA</b>  |  | 55. ME/Coroner File Number  |  |   |  |  |  |
| 56. Was case referred to ME/Coroner?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 57. Registrar Signature<br>X <b>[Signature]</b>   |  |   |  |   |  |  |  |
| 58. Date Received (MM/DD/YYYY)<br><b>07/01/2013</b>  |  | 59. Amendments  |  |   |  |   |  |  |  |

DOH-01-003 (8/10)





## Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

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 |
|-------------------|------------|----------|------|------------------|

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

6.  
8.  
10.  
12.

7.  
9.  
11.  
13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts  
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
Insurance Records Birth Record Alien Registration Card (front and back)  
Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

#### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

#### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

#### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 6/11/10

# CERTIFIED

JUL 01 2013

Alan Melnick  
Health Officer  
Skamania Co. Public Health  
110220