

Request of: LAW OFFICE OF JOSHUA POPS PLLC

2022-001791

08/29/2022 04:03 PM



When Recorded return to:
Kathleen M. Ferns
P.O. Box 432
Stevenson, WA 98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
36304
AUG 29 2022
PAID *exempt*
M. Monaghan Deputy
SKAMANIA COUNTY TREASURER

LACK OF PROBATE AFFIDAVIT

GRANTOR: Ray L. Ferns, Deceased

GRANTEE: Kathleen M. Ferns

ABBREVIATED LEGAL LOTS 1,2,3,4&5, BLOCK 1 ROSELAWN EXTENSION

TAX PARCEL NO: 03073634210000 *Lm 8/29/22*

REFERENCE NO. OF DOCUMENT RELEASED OR ASSIGNED: N/A

State of Washington)
) ss
County of Clark)

I, Kathleen M. Ferns, being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of RAY L. FERNS, who died on the twenty seventh day of March, 2022, who was then a resident of Skamania County, Washington, with a certified copy of said death certificate attached hereto as Exhibit A;

THAT the said RAY L. FERNS and I were married on the date of their death.

THAT since title to the subject community property herein passed to the Affiant, surviving spouse, via operation of law, then it is Affiant's intent not to probate said Estate (as it is not required);

THAT pursuant to the above, I am the sole and rightful heir to RAY L. FERNS' interest in the real property described hereinbelow. My name, relationship and address is as follows:

KATHLEEN M. FERNS, Surviving Spouse

P.O. Box 432
Stevenson, WA 98648

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession;

THAT the decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate tax due as a result of the decedent's death;

THAT no probate of the estate of RAY L. FERNS has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of their death, or in which they had an interest was community property, was situated in Clark County, and is more particularly described as follows:

Lots 1, 2, 3, 4 and 5 of Block 1 of the ROSELAWN EXTENSION ADDITION TO THE TOWN OF STEVENSON, according to the recorded plat thereof, recorded in Book 'A' of Plats, Page 65, in the County of Skamania, State of Washington.

EXCEPT that portion Conveyed to the City of Stevenson by instrument in Book 84, Page 421.

Together with the following:

Beginning at the Northeast corner of Lot 1, Block 1, Roselawn Extension; thence North 20°52'00" West a distance of 24.72 feet; thence North 89°22'00" parallel to the North line of said Block 1, a distance of 152.97 feet to the East line of Block 2; thence South 00°38'00" West along said East line a distance of 23 feet to the North line of Block 1 of said Roselawn Extension thence South 89°22'00" East along said North line a distance of 162.03 feet to the Point of Beginning.

Except that portion Conveyed to the City of Stevenson by instrument in Book 84, Page 421.

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Skamania County Assessor

Date 8-29-22 Parcel# 03073634210000

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Executed this seventeenth day of August, 2022 at Vancouver, Washington.

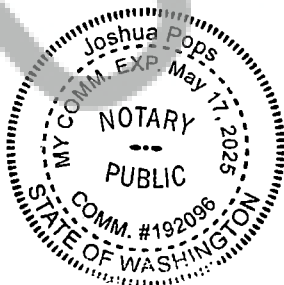

Kathleen M. Ferns

State of Washington)
) ss
County of Clark)

On this day personally appeared before me Kathleen M. Ferns, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed.

GIVEN under my hand and official seal this seventeenth day of August, 2022 at Vancouver, Washington.


Notary Public for the State of
Washington. My appointment
expires: 5/17/25.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-016735

DATE ISSUED: 05/04/2022

FEE NUMBER: 22-00455

FIRST AND MIDDLE NAME(S): RAY LEWIS

LAST NAME(S): FERNS

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: MARCH 27, 2022

HOUR OF DEATH: 04:58 AM

SEX: MALE

AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 20, 1952

BIRTHPLACE: MEDFORD, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: KATHLEEN OBORNE

OCCUPATION: CORRECTIONS CONSULTANT

INDUSTRY: CORRECTIONS CONSULTATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: KATHLEEN FERNS

RELATIONSHIP: SPOUSE

ADDRESS: PO BOX 432, STEVENSON, WASHINGTON, 98648

CAUSE OF DEATH:

A: UNSPECIFIED NATURAL CAUSES

INTERVAL: UNKNOWN

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERLIPIDEMIA; HIGH BLOOD PRESSURE; CORONARY ARTERY DISEASE; SEVERE ARTHRITIS.

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 337 NW HOT SPRINGS ALAMEDA ROAD

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 337 NW HOT SPRINGS ALAMEDA ROAD

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: LEONARD LARSON FERNS

MOTHER: BARBARA PHILLIPS

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON

DISPOSITION DATE: APRIL 01, 2022

FUNERAL FACILITY: ANDERSON'S TRIBUTE CENTER

ADDRESS: 1401 BELMONT AVENUE

CITY, STATE, ZIP: HOOD RIVER, OREGON 97031

FUNERAL DIRECTOR: JOHN H TRUMBULL

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: NO RESPONSE

CERTIFIER NAME: ADAM N. KICK

TITLE: CORONER/ME

CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE

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

DATE SIGNED: MARCH 29, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 22-02228

ATTENDING PHYSICIAN: TYLER GRAY, PHYSICIAN

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: MARCH 30, 2022



DOH 422-034 August 2019

Affidavit for Correction**This is a legal document. Complete in ink and do not alter.**Mail to: **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
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Required information must match current information on record

Required	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature: Printed name: _____ Date: _____	14b. Signature of 2 nd parent (if required): Printed name: _____ Date: _____
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INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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

CERTIFIED**MAY 04 2022****Amy Person, M.D.****Klickitat County Health Department***Amy Person*

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