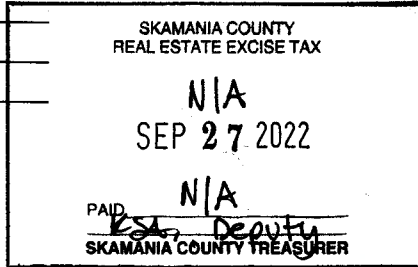


When recorded return to:
Paula Mary Schindler
60 Lakeview Rd.
White Salmon, WA 98672



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee, Paula Mary Schindler, who took title as Paula Mary Rudhe, being first duly sworn 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 the surviving spouse of Regan Peter Schindler, who died on MARCH 9, 2022 at WHITE SALMON SKAMANIA, WASHINGTON

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Legal Description: Cabin #35 of Northwestern Lake Cabin Sites, located in the Northwest 1/4, of Sec. 2, T1N, R10EWM, Skamania County, Washington.

Assessor's Property Tax Parcel/ Account Number: 43100200043500

Decedent left no Last Will and Testament.

Skamania County Assessor
 Date 9/27/2022 Parcel# 43100200043500 RPH

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)

Angela Nash Age: 57 Daughter

422 Oak Glenn, IRVINE, CALIF. 92618

Full name, age, relationship, address

CHAD Michael Smith Age: 56 SON

27 GALEANA, FOOTHILL RANCH, CALIF. 92610

Full name, age, relationship, address

Noël Fountain Age: 41, Daughter

606 Elliot Ave W # 217 Seattle, Wash, 98119

Full name, age, relationship, address

Cory Schindler Age: 42, SON

6364 192nd, Aloha, Oregon 97008

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: SEPT 26, 2022

Paula Schindler

Affiant's full name

509 493-1604

Telephone Number

60 LAKEVIEW RD

Street

WHITE SALMON WASH. 98692

City

State

Zip Code

Paula Schindler

Signature

SEPT 26, 2022

Date

State of Washington

County of Klickitat

I know or have satisfactory evidence that Paula Schindler
(name of person)

is the person who appeared before me, and said person acknowledged that she signed this affidavit and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9 / 26 / 2022

[Signature]

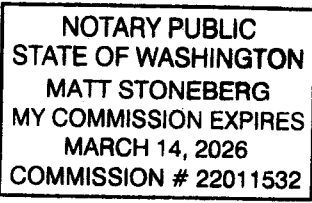
Signature of Notary Public

(SEAL OR STAMP)

Residing at White Salmon, WA

Notary Public in and for the State of WA

My appointment expires 3/14/2026



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 09/21/2022
FEE NUMBER: 150163835

CERTIFICATE NUMBER: 2022-015164

FIRST AND MIDDLE NAME(S): REGAN PETER
LAST NAME(S): SCHINDLER

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MARCH 09, 2022
HOUR OF DEATH: 04:45 AM
SEX: MALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: APRIL 15, 1960
BIRTHPLACE: VANCOUVER, BC CANADA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PAULA UNKNOWN

OCCUPATION: EXECUTIVE CHEF
INDUSTRY: RESTAURANT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: PAULA SCHINDLER
RELATIONSHIP: SPOUSE
ADDRESS: 60 LAKEVIEW ROAD, WHITE SALMON, WA 98672

CAUSE OF DEATH:
A: COVID INFECTION 02/07/2022 CONTRIBUTED TO HIS DEATH
INTERVAL: -
B: LUNG CANCER
INTERVAL: MONTHS
C: LIVER CANCER
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, DIABETES

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: 60 LAKEVIEW ROAD
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

RESIDENCE STREET: 60 LAKEVIEW ROAD
CITY, STATE, ZIP: WHITE SALMON, WA 98672
INSIDE CITY LIMITS: NO COUNTY: KLIKITAT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: JOSEF VICTOR SCHINDLER
MOTHER: HELGA INGEBORG KRUGER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: MARCH 22, 2022

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: VICTORIA LARA

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DEANA E. DAHL, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1021 JUNE ST
CITY, STATE, ZIP: HOOD RIVER, OREGON 97031
DATE SIGNED: MARCH 22, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: MARCH 22, 2022

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 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 forgoing is true and correct.

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

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.
- *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.

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.

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.

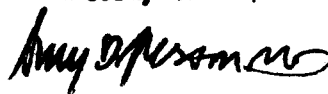
Marriage/Dissolution (Divorce) Certificates

- 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.

CERTIFIED

SEP 21 2022

Amy Person, M.D.
Klickitat County Health Department




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