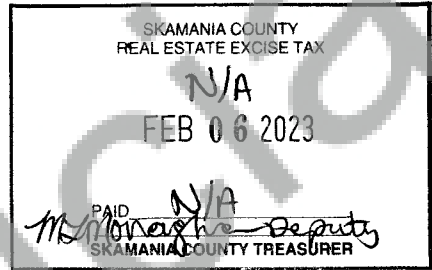




WHEN RECORDED RETURN TO:

DEBRA A. MIRELES  
450 ORCHARDVALE RD.  
ZILLAH, WA 98953



Abbreviated Legal Description: PTN SEC. 26, T4N, R7E W.M.

Tax Parcel Number: 04072620070000 *Im 2/6/23*

**LACK OF PROBATE AFFIDAVIT**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAMANIA )

DEBRA A. MIRELES, being first duly sworn, upon oath deposes and states as follows:

1. Status. I am one of the surviving heirs of WILLIAM H. HOPTOWIT, who died on June 13, 2022, at Clark County, Washington. WILLIAM H. HOPTOWIT was then a resident of Clark County, Washington. A certified copy of the decedent's death certificate is attached hereto as Exhibit "A."

2. Real Property. Decedent died testate. After some specific bequests to the other heirs, Decedent's will left me all of Decedent's interest in the real property described in Exhibit "B" to this Declaration and acquired as our

community property by Statutory Warranty Deed, dated and recorded in the Office of the County Auditor of Skamania County, Washington on July 7, 2004, under Auditor's Recording No. 2004153602.

3. Decedent's Heirs-at-Law. Decedent's surviving heirs-at-law (including any natural or adopted children or issue, parents, and siblings) and their respective addresses, relationships to Decedent, and ages are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>
DEBRA A. MIRELES	450 Orchardvale Rd. Zillah, WA 98953	Wife	Adult
KRISTA M. HOPTOWIT	1810-1/2 Greenway Yakima, WA 98902	Daughter	Adult
DUSTIN N. HOPTOWIT	31 Chicago Avenue, #6 Yakima, WA 98902	Son	Adult
REBECCA L. HOPTOWIT	11939 Lolo Vista Dr. #B108 Lolo, MT 59847	Sister	Adult
JOSEPH HOPTOWIT	482 Heahea Street Hilo, HI 96720	Brother	Adult

4. Decedent's Will & Probate.

Decedent left a will, a copy of which is attached to this Declaration as Exhibit "C" and incorporated herein by this reference as though fully set forth. The Will, although unrevoked at Decedent's death, was not offered for probate.

5. Character and Value of Decedent's Estate. The approximate value of Decedent's estate at death is as follows:

<u>Property</u>	<u>Approximate Value</u>
One-half share of community	\$ 195,350.00
Separate property	\$ -0-
Total	\$ 195,350.00

6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of Decedent have been paid in full. Decedent was married at the time of his death.

7. Federal Estate Tax.

Decedent's estate was not liable for federal estate tax.

8. Washington Estate Tax.

Decedent's estate was not liable for Washington estate tax.

9. Washington Assistance.

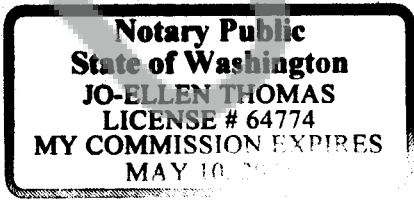
Decedent was not liable for repayment for subsistence or medical care to the State of Washington.


10. Purpose of Declaration. I am making this Declaration to transfer title to the property into my name, and to induce title insurance companies to act in reliance on the representations made in this Declaration, and to issue one or more policies of title insurance on the real property passing to me.

DATED this 13 day of January, 2023.

  
DEBRA A. MIRELES

SIGNED AND SWORN TO (or affirmed) before me on January 13, 2023, by DEBRA A. MIRELES.



  
Notary Public in and for the State of Washington.  
My Appointment Expires: 5-10-25

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-030209

DATE ISSUED: 06/24/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM HERMAN  
LAST NAME(S): HOPTOWIT

COUNTY OF DEATH: CLARK  
DATE OF DEATH: JUNE 13, 2022  
HOUR OF DEATH: 12:45 PM  
SEX: MALE AGE: 77 YEARS  
SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: NATIVE AMERICAN: YAKIMA

BIRTH DATE: SEPTEMBER 23, 1944  
BIRTHPLACE: TOPPENISH, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DEBRA A MIRELES

OCCUPATION: FARMER  
INDUSTRY: AGRICULTURE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: DEBRA A MIRELES  
RELATIONSHIP: SPOUSE  
ADDRESS: 450 ORCHARDVALE ROAD, ZILLAH, WASHINGTON 98953

CAUSE OF DEATH:  
A: CEREBELLAR INFARCT  
INTERVAL: DAYS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPICE FACILITY  
FACILITY OR ADDRESS: THE RAY HICKEY HOSPICE HOUSE  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 2 TROUT CREEK ROAD  
CITY, STATE, ZIP: CARSON, WA 98610  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: RAYMOND J HOPTOWIT  
MOTHER: BETTY LOU BARTTLES

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

CITY, STATE: VANCOUVER, WASHINGTON  
DISPOSITION DATE: JUNE 14, 2022

FUNERAL FACILITY: CASCADIA CREMATION & BURIAL SERVICES

ADDRESS: 6303 E 18TH STREET STE A  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661  
FUNERAL DIRECTOR: JOHN A. BRUTTO, II

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: JENNIFER O'DONNELL  
TITLE: ARNP  
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668  
DATE SIGNED: JUNE 14, 2022

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: JENNIFER O'DONNELL, ARNP

LOCAL DEPUTY REGISTRAR: KATIE GRAUE  
DATE RECEIVED: JUNE 14, 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
-------------------	------------	----------	------	------------------

### Required information must match current information on record

<b>Required</b>	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: Printed name: _____ Date: _____	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: _____ Date: _____
--	--

### INSTRUCTIONS - go to [www.doh.wa.gov](http://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

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. Proof documentation must be five or more years old or established within five years of birth.
4. 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.

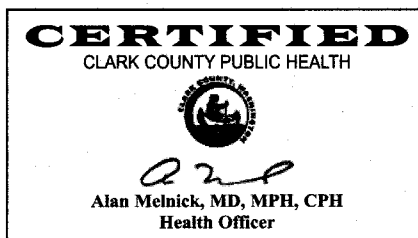
\*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

#### Death Certificates

1. 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.
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 proof documentation.
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.



0 5 5 3 9 2 6 7



EXHIBIT B  
LEGAL DESCRIPTION

ALL THAT PORTION OF THE EAST HALF OF THE WEST HALF OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 26, TOWNSHIP 4 NORTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, LYING SOUTHERLY OF COUNTY ROAD NO. 2141, DESIGNATED AS THE HEMLOCK ROAD, AND WESTERLY OF COUNTY ROAD NO. 2141, DESIGNATED AS THE HEMLOCK ROAD, AND WESTERLY OF COUNTY ROAD NO. 2270, DESIGNATED AS THE TROUT CREEK ROAD; **EXCEPT** THAT PORTION THEREOF CONVEYED TO ROY SLOOP AND CLAYTA SLOOP, HUSBAND AND WIFE, BY DEED DATED OCTOBER 24, 1949 AND RECORDED AT PAAGE 549 OF BOOK 32 OF DEEDS, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

ABBREVIATED LEGAL: PTN. SEC 26, T4N, R73 W.M.

Skamania County Assessor

Date 2-6-23 Parcel# 04072620070000  
ym

**LAST WILL AND TESTAMENT  
OF  
WILLIAM H. HOPTOWIT**

I, WILLIAM H. HOPTOWIT, of Yakima County, Washington, do make, publish and declare this to be my Last Will and Testament in the manner following:

**I**

**REVOCATION OF PRIOR WILLS**

I hereby revoke all prior Wills and Codicils made by me.

**II**

**IDENTIFICATION OF BENEFICIARIES**

I declare that DEBRA MIRELES is my wife and that I have three children and two step-sons now living, to wit:

WILLIAM J. HOPTOWIT (SON)  
KRISTA M. HOPTOWIT (DAUGHTER)  
DUSTIN N. HOPTOWIT (SON)  
ALEJANDRO DELAFUENTE (STEP-SON)  
BLAKE DELAFUENTE (STEP-SON)

I declare that I have I do further declare that I have no other living children, and no natural born or legally adopted child of mine has died survived by descendants.

**III**

**DISTRIBUTION OF ESTATE**

A. I give my gun collection to my son, WILLIAM J. HOPTOWIT.

B. I give the Yakima Nation Permit for the Mabton Smokeshop to my son, WILLIAM J. HOPTOWIT. However, this does not include the inventory and fixtures which shall pass with the remainder of my estate. The purpose for the bequest is to comply with tribal law which requires smokeshop permits to be in the name of enrolled members of the Yakima Nation. I direct that Debra Ann Mireles shall remain as the manager of said business and that her compensation shall be sixty percent (60%) of the net income.

C. I hereby give, devise and bequeath the sum of \$100.00 to my son, DUSTIN N. HOPTOWIT.

D. I hereby give, devise and bequeath the sum of \$100.00 to my daughter, KRISTA M. HOPTOWIT.

E. I hereby give, devise and bequeath all my interest in the mobile home court on Trust Allotments 390A and 5166 to my wife, DEBRA MIRELES. If it is determined that my wife's life estate interest will be bought by the Yakama Nation or another tribal member, I direct all proceeds of the sale go to my wife, DEBRA MIRELES.

F. I hereby give any other interest I may have in trust or restricted property to my son, WILLIAM J. HOPTOWIT.

G. I hereby give, devise and bequeath all of the rest, residue and remainder of my estate, real and personal, wherever situated and being, of which I shall die seized and possessed, or to which I shall at my decease in any way be entitled, and any and all equitable and legal rights which I now own, have, claim or hereafter acquire, unto my wife, DEBRA MIRELES.

#### IV

#### PERSONAL REPRESENTATIVE


I hereby nominate and appoint my wife, DEBRA MIRELES, to be the Personal Representative of my estate and the Executor of this, my Last Will and Testament, to act without bond. Said Personal Representative is to have the right and power to administer my estate in accordance with the laws of the State of Washington appertaining to a nonintervention Will which I declare this to be. I hereby give my Personal Representative full power and authority to sell, convey, mortgage and encumber all or any part of my estate at such time or times upon such terms and for such amounts as he shall deem advisable to settle my estate as herein provided.




Should it be necessary for a representative of my estate to qualify in any jurisdiction outside of the State of Washington wherein my domiciliary Personal Representative is unable or unwilling to qualify, then I appoint such person or corporation as may be designated by my domiciliary Personal Representative to act without bond and without the intervention of any court, to the extent permitted by law.

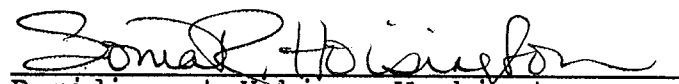
I hereby grant to my Personal Representative the power to exercise any right to disclaim that I had the right to exercise at the time of my death and any right to disclaim that may arise after my death.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18th day of January, 2001.

  
WILLIAM H. HOPTOWIT

The foregoing instrument, being the Last Will and Testament of WILLIAM H. HOPTOWIT, consisting of two (2) pages besides this, was at the date hereof by the said WILLIAM H. HOPTOWIT signed, sealed, published and declared by him to be his Last Will and Testament in the presence of us, who at his request and in his presence and in the presence of each other, have subscribed our names as witnesses this 18th day of January, 2001.

  
Residing at Zillah, Washington

  
Residing at Yakima, Washington

CERTIFICATE

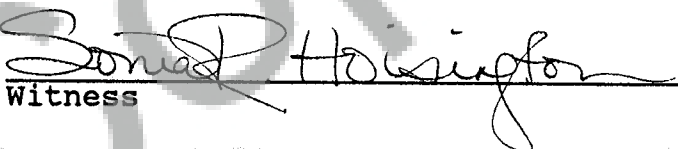
The undersigned, R. WAYNE BJUR and SONIA R. HOISINGTON, are the witnesses to the Last Will and Testament of WILLIAM H. HOPTOWIT, the original of which is attached hereto; the Testator declared to each of the undersigned in their presence and on the date stated therein that said instrument was his Last Will and Testament, that he executed it for such purpose, and requested that each of the undersigned sign said Will as attesting witnesses; the undersigned did so in the presence of the Testator; the Testator was then over eighteen years of age and of sound mind and acted freely without duress or undue influence; each of the undersigned witnesses was then over eighteen years of age and otherwise competent to be an attesting witness; and this certification is made at the request of the Testator for the purpose of being presented to a court of competent jurisdiction to prove the foregoing Last Will and Testament.

The undersigned certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED: January 18, 2001 at Zillah, Washington.

  
\_\_\_\_\_  
Witness

DATED: January 18, 2001 at Zillah, Washington.

  
\_\_\_\_\_  
Witness

BJUR & ASSOCIATES, P.S.  
P.O. Box 1709  
Zillah, WA 98953  
(509) 829-5600