WHEN RECORDED RETURN TO:	
Visionet	Skamania County, WA 2023-000310
111 Technology Drive	ALP 03/09/2023 02:09 PM Pgs=5
Pittsburgh, PA 15275	Request of: VISIONET

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)							
Lack of Probate							
REFERENCE NUMBER(S) of Documents assigned or released:							
[] Additional numbers on page of document.							
GRANTOR(S):							
1. Ronald Leonard Watson Jr 2. SKAMANIA COUNTY							
N)A							
34. MAR 0.9 2023							
MAIL V V COLD							
[] Additional names on page of document.							
GRANTEE(S):							
1 Cannala M Watsan							
1. Carmela M. Watson 2.							
34							
Additional names on page of document.							
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):							
Lot 4 of Hart short plat, recorded in book "3" of shorts plats, page 271, records of							
Skamania County, WA Skamania County Assessor							
[] Complete legal on page of document. \[\int \text{Date} \frac{3/9/23}{2} \text{Parcel} \psi \text{D2003400030} \]							
Assessor's Property Tax Parcel # 02-06-34-0-0-0203-00							
[] 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 herby 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."							
other wise obscure some part of the text of the original document as a result of this request.							

____Signature of Requesting Party

LACK OF PROBATE AFFIDAVIT

・ つu 3 8 y 8つ し LACK OF PROBATE AFFIDAVIT
Order No.:CL
To: Clark County Title Company 1400 Washington Street, Ste. 100 Vancouver, WA 98660 Phone: 360-694-4722 Fax: 360-694-4734
deposes and says: , being first duly sworn, on oath
The undersigned affiant is the lawful surviving Spouse (relationship to decedent) of Spouse (relationship to decedent) who died on School Spouse (city), at Skan An An (city), (city), (city), Skan An An An (county), MA (state)
A COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED. PLEASE NOTE: Upon review of the documentation, we may require a certified copy of the death certificate to be recorded.
REGARDING DISPOSITION OF REAL PROPERTY:
☐ That the decedent left no Last Will and Testament and/or Community Property Agreement; or
 □ Decedent left a Community Property Agreement in favor of surviving spouse (a copy of which is hereto attached for review), or has been recorded under File No in County; or
Decedent left a Last Will and Testament which HAS NOT been probated or revoked (a copy of which is hereto attached for review); or
Decedent left a Last Will and Testament which has been probated in County. State of, under Superior Court Case No
"Heirs at law" includes surviving spouse, children, adopted children, issue of a predeceased child or adopted child; if decedent left no surviving spouse or children, then affiant has listed below all of the surviving parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use everse side, if necessary)
Full Name: At weld M WATSON Age: 76 Relationship: Wife Address: 72 Shady Cove Lane, Stamania WA 98648
Full Name: Age: Relationship: Address:
Full Name:Age:Relationship:Address:

AFFIDAVIT (Lack of Probate) Escrow #CL15240

REGARDING POTENTIAL LIENS AGAINST THE ESTATE OF THE DECEDENT:

Affiant declares that all debts of the decedent and/or the marit of decedent's medical, funeral and burial expenses, as well as taxes, have been fully paid, except as follows:	
Affiant further declares that the decedent:	
□ HAS (or)	1 1
HAS NOT received assistance from the State of Was Washington for subsistence or medical care (Medicaid/Welfa	
Affiant further declares that the total amount of all community \$\(\frac{1}{5} \frac{1}{6} \) \(\fra	pproximately \$ <u>950,060</u> . pany or its underwriter, hereinafter called upany's order number as set forth above, in
STATE OF Washington	
COUNTY OF SKAMAYILA)	
I certify that I know or have satisfactory evidence that the person(s) who appeared before me, and said person[s] ack instrument and acknowledged it to be his/her/their free and vomentioned in this instrument.	knowledged that he/she/they signed this
Dated: 11-2-2022	NOTARY PUBLIC STATE OF WASHINGTON
Notary Public in and for the State of WASHINGTON Residing at CAMAS WA My appointment expires: 1- 202	JUDY F ROSS MY COMMISSION EXPIRES JUNE 26, 2026 COMMISSION # 44201



STATE OF WASHINGTON DEPARTMENT OF HEALTH



7. Usual Occupation (Indicate type of work done during most of working life. (oc NOT USE RETIRED), 18. Kil Truck Driver 19. Father's Name (First, Middle, Last, Suffix) Ronald Leonard Watson, Sr. 21. Informant's Name Carmela Watson 22. Relationship to Decedent Spouse 73. Making Addres Carmela Watson	e(s) White Foreign Countr gton Spouse's or De a M. Ric ind of Business Transp Other's Name Delore COVE La of Death Death Delore 288. City 1	omestic Partner chi chi s/industry (Do no cortation Before First Ma es Stanton Bes Stanton arre, Skan n Occurred Sorpe eccelent fown, or Locatic amamia	ation e Skamal S	nia 4 Mame) Mame) A 9864 a 40864 a 40864 a 40864 dityTown, a eer, WA	12. Was Decodent ever in Amed Force NO 13g. Inside City Limits 13 Yes 20 No 0 Inst marriage) 27. Zip Code 98648
Birthdate July 17, 1954 Ba. Birthplace (Caty, Town, or County) July 17, 1954 Ba. Birthplace (Caty, Town, or County) Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No 3a. Residence: Number and Street (e.g., 624 SE 5* St.) (Include Apt No.) 72 Shady Cove Lane 3c. Residence: County Skamania 4. Estimated length of time at residence. 6 Years 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Shady (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Shady (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Shady (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Shady (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Shady (Indicate type of work done during most of working life. (DO NOT USE RETINED. 7. Shady (Indicate type of Working State of USE RETINED.	e(s) White Foreign Countr gton Spouse's or Do a M. Ric Lind of Business Transp Oother's Name Delore Cove Le of Ogeth & Deal	omestic Partner chichi Findustry (Do no contraction Before First Males Stanto Street or FFD No carrie, Skan h Occurred Some exceedent from, or Locatic ammania	13b, City or Skamal 131, Zip Code 98648 s Name (Give on the Company I of the Company I of the City or Town and a, Whole Other than S. Reside on of Death	Town nia +4 Name) dde, Last) A 9864 A a Hospital: nCCe 26b. State WA ity/Town, a recr, WA	12. Was Decedent ever in Armed Force NO 13g. Inside City Limits 13g. Inside City Limits 15g. No 16rst marriage)
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Funeral Director Signature X		services,	IIIC.	32 Date of	
Funeral Director Signature X Sum L	$\Omega =$				Disposition
Slume !					
NDERLYING CAUSE (disease or injury at initiated the events resulting in c.	Donsequelos e		```		Interval between Onset &
d. 5. Other significant conditions contributing to death but not resulting in the underlying cause give	s above "4	Wenth 36	Autopsy?		utopsy findings availat
Chronic destructive Pulmonary disease, V	RELOUS		Yes XXNo	complete ti	he Cause of Death? Yes No
Memner of Death 39. If female Not pregnant within past year 3. Not pregnant Not pregnant at time of death Not pregnant at time of death Not pregnant Pregnant at time of death Not pregnant Not preg	trul préguent prégnant ant within	42 days b 13 says to 1 yea the past year	ir before death		lnjury at Work?
5. Location of Injury: Number & Street:				Apt No.	Yes □ No □ U
ly or Town: County	3.1	State		Zıp Code+ 4:	
6. Describe how injury accurred			If transportation Driver/Operation Passenger	or 🗌 P	pecify: edestrian ther (Specify)
place and rule (//ie :ause(s) ii. manner stated					and/or investigation, in my the causa(s) and manner s
Juane and Address of Confier-Physician, Medical Examiner or Cornel (1908) Frinty	re Van	Convel	WA	50.080°F	Death (24hrs) Hours
Name and Title of Attending Physician if other than Certifier (Type or Print)		9	8689	52. Date S	igned war gonny
1. Title of Certifier D 54. License Number 209 55.	i. ME/Coroner	File Number	56. W	as case ref	rerred to ME/Coroner?
7. Registrar Signature		58.	Date Receive		

DOH/CHS 003 Rev 07/09/07



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 File Number	ar	Fee Number	STATE OFF	CELUSE	ONLY Initials	Date	Affidavit i	Number 4
Otate i lie Nullibe								
Required information must match current information on record								
Record Ty 1. Name on		Death	N	larriage	· · · · · ·	Dissolution (3. Place of	of Event:
	Middle	<u>.</u>	_ast			MM/DD/YYYY	I	r County)
4 Father/Ps	arent Full Birth Name (S			5 Mothe	r/Parent Fi	ıll Birth Name (Spous		, , , , , , , , , , , , , , , , , , , ,
4. Father/Pa	Middle (0		_ast/Maiden	First	in aront i	Middle		ast/Maiden
6 Name of	Person Requesting Cor		Relationship		Self	Guardian	_☐ Informant	☐ Hospital
	. 0.0077		Person on Re			☐ Funeral Director	Other (specify)	·
7. Return Mailing PO Box or Street				City		State	Zip	
Telephone Numb				Email Ad	dress:	Otate		· · · · · · · · · · · · · · · · · · ·
()		•	24.00			######################################		
Use	the section below fo The record curr		nanges on tr	e recore	. Ine rec	The true		Tollows.
8.	The record curr	entry snows.		9.		The true	Tuot 13.	
10.				11.				
12.				13.				
l	clare under penalty	of porium, under th	o love of the		Washine	ton that the force	sing is true and	correct
14a. Signature:	ciare under penalty	or perjury under th	ie iaws of the			nd parent (if required):		correct.
Printed name:		l De	ate:	Printed n	smo:			Date:
Printed name.								Date.
Danisad anata	ocumentation must be s	INSTRUCTIO	NS – go to <u>www</u>	doh.wa.g	ov for more	e information	of documentation	includo:
		-Military record (DD	214)	School tra	nscripts	 Soc 	ial Security Numid	ent 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.								sident card (I-551)
Birth Certificate		er's licelise, Social S	ecurity card, o	поэрнаг	decorative	e Dirtii Certificate as	proor document	10011.
1. Only a parent	(s), legal guardian (if the	e child is under 18), or	the named indi	vidual (if 1	8 or older)	may change the birth	certificate.	
2. The proof(s) Mary Ann Doe	must match the assert	ed fact(s). For example	e, if the affidavit	says the	name shou	ld be Mary Ann Doe,	the proof must sho	ow the name to be
	entation must be five or	more years old or esta	blished within fi	ve years o	f birth.	44 7		
4. This affidavit	cannot be used to add a			owledgme	nt of Parer		159).	
Child under 18	dian(s) include certified	court order proving a	ıardianshin		3 years or o		birth certificate	
 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 If the first or middle name is missing, three pieces of proof documentation 								
of Parentage form, last name can be changed once to either parents name are required.								onth and/or day of
on certificate (can be any combination of the first, middle or last names); 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.								required.
 No proof is r 	equired to change the fi	rst or middle name.*		 To co 	rrect paren	t's birth date, place of	f birth, or name, on	e proof documentation
	arent's information, one e sex of the child, one r			is rec	uired.			
provider is re	equired.		100					
*To change ar certificate wit	ny part of the name of a chi h request.	d using this form, signatu	res from both pa	rents listed	on the cer	tificate are required. If	one parent is decease	ed, submit a death
Death Certificate	es	1			4-4: The	£		es or a family
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 medica	l information (cause of o	leath) may be change	a only by the ce	rtifying ph	ysician or ti	ne coroner/medical e	xammer.	
Marriage/Dissol	ution (Divorce) Certific s (minor spelling change	cates	oo of hirth or	eidonaa) :	may bo obs	anged by the nersen	with one piece of p	roof documentation
Personal facts To change the	s (minor spelling change e date or place of marric	es in name, date or pla age or dissolution, the	officiant (marria	ge) or cler	กลัง อั <mark>e cna</mark> k of court (dissolution) must con	mplete and submit	the affidavit.
		<u>-</u>			· · · · · · · · · · · · · · · · · · ·			

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, Deputy State Registrar.

KatheniotSuO_

ISSUED FEB 1 5 2023

