

24384876

**WHEN RECORDED RETURN TO:**

Visionet

111 Technology Drive

Pittsburgh, PA 15275

Skamania County, WA

Total: \$207.50

ALP

Pgs=5

Request of: VISIONET

**2023-000310**

03/09/2023 02:09 PM



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.

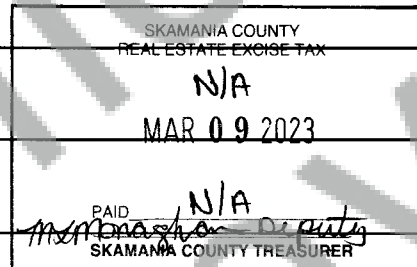
**GRANTOR(S):**

1. Ronald Leonard Watson Jr

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



[ ] Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

1. Carmela M. Watson

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

[ ] 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.

Date 3/9/23 Parcel# 02063400020300

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 hereby 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."

**Signature of Requesting Party**

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

LACK OF PROBATE AFFIDAVIT

24384876  
Order No.: CL \_\_\_\_\_

To: **Clark County Title Company**  
1400 Washington Street, Ste. 100  
Vancouver, WA 98660  
Phone: 360-694-4722 Fax: 360-694-4734

Carmela M Watson, being first duly sworn, on oath  
deposes and says:

The undersigned affiant is the lawful surviving Spouse  
(relationship to decedent) of Ronald Leonard Watson Jr. (decedent) who  
died on October 15, 2011, at Skamania (city),  
Skamania (county), WA (state), then being a resident of  
Skamania (city), Skamania (county), WA (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 reverse side, if necessary)

Full Name: Carmela M Watson  
Age: 75  
Relationship: wife  
Address: 72 Shady Cove Lane, Skamania  
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 marital community, including but not limited to all of decedent's medical, funeral and burial expenses, as well as all applicable succession and/or inheritance taxes, have been fully paid, except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affiant further declares that the decedent:

☐ HAS (or)

☒ HAS NOT received assistance from the State of Washington for assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past.

Affiant further declares that the total amount of all community property of the decedent was approximately \$ 450,000 and the value of all separate property was approximately \$ 450,000. This affidavit is made solely to induce Clark County Title Company or its underwriter, hereinafter called "Company", to insure title to real property covered by the Company's order number as set forth above, in which decedent had an interest at the time of death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

Dated: 11/2/22

Affiant

Address:

72 Shady Cove Ln, Skamania  
WA 98648

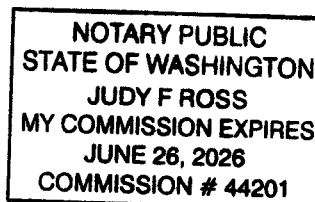
STATE OF Washington

COUNTY OF Skamania } s.s.

I certify that I know or have satisfactory evidence that Carmela M. Watson is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 11-2-2022

Notary Public in and for the State of Washington  
Residing at Camas, WA  
My appointment expires: 6-30-2026



NOT VALID IF PHOTOCOPIED OR ALTERED



# 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
<b>Required information must match current information on record</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:
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## 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

- 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 from 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 their own 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.

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.

*Katherine Hutchinson*

**ISSUED**

**FEB 15 2023**



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