

Skamania County, WA  
Total: \$208.50  
MISC  
Pgs=6

2023-000472

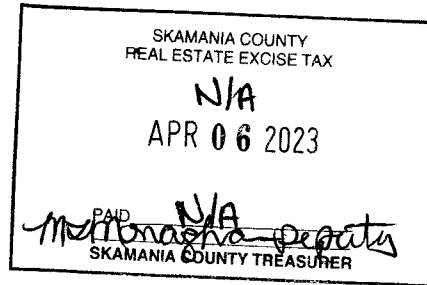
04/06/2023 11:32 AM

Request of: CHRIS ROUBIECK



**RETURN ADDRESS:**

CHRIS ROUBICEK,  
Attorney at Law  
P.O. Box 600  
Castle Rock, WA 98611



**Document Title(s)**

Order Adjudicating Testacy and Heirship

**Grantor(s) :**

(Last, First, Middle Initial)

1. Estate of Rivers, Sr., Linton E.
- 2.

etc. additional names on page n/a of document

**Grantee(s) :**

(Last, First, Middle Initial)

Skamania County Assessor

1. Rivers, Susan F.

Date 4-6-23 Parcel# 03073613140000  
ym

**Legal Description:**

**Skamania County Tax Parcel No. 03073613140000**

Lot 5, of the CHESSER ADDITION, according to the recorded plat thereof, recorded in Book 'A' of Plats, Page 104, in the County of Skamania, State of Washington.

SUBJECT TO AND TOGETHER WITH easements, restrictions and reservations of record.

**Assessor's Property Tax Parcel Account Number(s) :**

No. 03073613140000

**Reference Number(s) of Related Documents:**

on page two of document

FILED  
SUPERIOR COURT

2023 MAR 29 2 4: 43

COWLITZ COUNTY  
STACI L. MYNLEBUST, CLERK

BY \_\_\_\_\_

SUPERIOR COURT OF WASHINGTON FOR COWLITZ COUNTY

IN PROBATE

In the Matter of the Estate of ) No. **23 4 00125 08**  
LINTON E. RIVERS, Sr. ) ORDER ADJUDICATING  
Deceased. ) TESTACY AND HEIRSHIP

THE PETITION of SUSAN F. RIVERS, praying that an Order Adjudicating Testacy and Heirship be issued, having come on for hearing this day, and all testimony having been reduced to writing, the Court now finds:

1. The facts set forth in the Petition are true.

2. JURISDICTION. LINTON E. RIVERS, Sr. was born January 9, 1932, and died on June 30, 2006. Mr. RIVERS was a resident of the State of Washington at the time of his death, and he left an estate consisting of real and personal property located therein.

3. TESTACY. The decedent died testate, having executed a Last Will and Testament dated June 23, 2006, which was duly witnessed by competent subscribing witnesses. An attestation in proof of said Will is attached thereto.

4. PETITIONER. Petitioner is the decedent's spouse, of

Order Adjudicating  
Testacy and Heirship

1 legal age and she resides at Stevenson, Washington.

2 5. HEIR. The following is the sole heir of this  
3 estate:

4 SUSAN F. RIVERS, wife, legal age  
477 Chesser Road  
5 Stevenson, WA 98648

6 6. NOTICE. Because the Petitioner is the decedent's  
7 spouse and only heir of this estate, no notice of hearing on  
8 this Petition is required.

9 7. PROPERTY OF DECEDENT. Property of the decedent  
10 consists of his interest in real estate known as 477 Chesser  
11 Road, Stevenson, Skamania County, Washington 98648 more  
12 particularly described as follows:

13 Skamania **County Parcel No. 03073613140000**

14 Lot 5, of the CHESSER ADDITION, according to the  
15 recorded plat thereof, recorded in Book 'A' of Plats,  
Page 104, in the County of Skamania, State of  
Washington.

16 SUBJECT TO AND TOGETHER WITH easements, restrictions and  
17 reservations of record.

18 NOW, THEREFORE, IT IS ORDERED, ADJUDGED AND DECREED as  
19 follows:

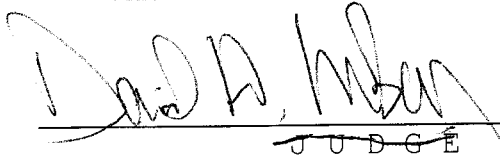
20 1. That the estate of LINTON E. RIVERS, Sr. is  
21 adjudicated testate.

22 2. That SUSAN F. RIVERS is the sole heir of this  
23 estate.

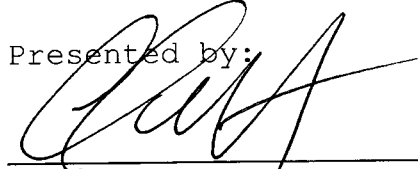
24 3. That all property of the decedent is awarded to  
25 SUSAN F. RIVERS, surviving spouse.

26 4. That proper notice of this Order be given as  
27 required by law.

DONE IN OPEN COURT this 29<sup>th</sup> day of March, 2023.

  
JUDGE

Presented by:



CHRIS ROUBICEK  
WSBA# 11667  
Attorney for Petitioner

Court Commissioner

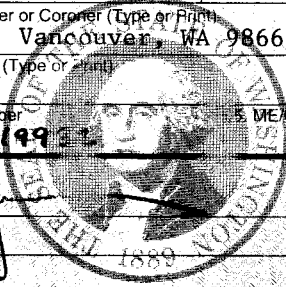
I, STACI MYKLEBUST, Clerk of the  
Superior Court of Cowlitz County,  
State of Washington, hereby certify  
that this instrument is a true and  
correct copy of the original on file  
in my office.

**MAR 30 2023**

By  Deputy

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death										
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Linton Elwood RIVERS Sr.</b>					2. Death Date <b>06/30/2006</b>					
3. Sex (M/F) <b>Male</b>		4a. Age - Last Birthday <b>74</b>		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number <b>[REDACTED]</b>		
7. Birthdate <b>01/09/1932</b>		8a. Birthplace (City, Town, or County) <b>Cleveland</b>		8b. (State or Foreign Country) <b>Ohio</b>		9. Decedent's Education <b>Some college, no degree</b>				
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>					11. Decedent's Race(s) <b>Black or African American</b>			12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>477 Chesser Road</b>							13b. City or Town <b>Stevenson</b>			
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98648-1117</b>		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence. <b>4 years 6 months</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Susan Faye Lovell</b>						
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Computer Technician</b>					18. Kind of Business/Industry (Do not use Company Name) <b>Computers</b>					
19. Father's Name (First, Middle, Last, Suffix) <b>C. James Rivers, Sr.</b>					20. Mother's Name Before First Marriage (First, Middle, Last) <b>Odessa Hazel Richardson</b>					
21. Informant's Name <b>Teresa E. Kunze</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>PO Box 1203 Stevenson, WA 98648</b>						
24. Place of Death, if Death Occurred in a Hospital:					24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Nursing Home/Long Term Care Facility</b>					
25. Facility Name (If not a facility, give number & street or location) <b>Cascade Park Care Center</b>					26a. City, Town, or Location of Death <b>Vancouver</b>		26b. State <b>WA</b>		27. Zip Code <b>98683</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>				30. Location-City/Town, and State <b>White Salmon, Washington</b>				
31. Name and Complete Address of Funeral Facility <b>GARDNER FUNERAL HOME PO Box 390 White Salmon, Washington 98672</b>								32. Date of Disposition <b>07/01/2006</b>		
33. Funeral Director Signature X <i>[Signature]</i>										
Cause of Death (See instructions and examples)										
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.										
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Complications of gastrointestinal bleeding</b> 72 hrs.										
Due to (or as a consequence of):										
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <b>Duodenal ulcer disease</b> 3 wks										
Due to (or as a consequence of):										
c.										
Due to (or as a consequence of):										
d.										
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>congestive heart failure, hepatic encephalopathy</b>										
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown						
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:										
46. Describe how injury occurred					47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician: X <i>[Signature]</i>					48b. Medical Examiner/Coroner: X					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Timothy Ross, MD 715 S. Andresen Vancouver, WA 98661</b>								50. Hour of Death (24hrs) <b>0100</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (MM/DD/YYYY) <b>06-30-2006</b>		
53. Title of Certifier <b>M.D. / physician</b>		54. License Number <b>M000019911</b>		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
57. Registrar Signature X <i>[Signature]</i>					58. Date Received (MM/DD/YYYY) <b>JUN 30 2006</b>					
59. Amendments										







## Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record  
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
Insurance Records Birth Record Alien Registration Card (front and back)  
Marriage/Divorce Records Passport

#### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

#### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

#### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit with proof by telephone.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must be contacted by affidavit.

DOH/CHS 023 (Rev. 9/2002)

**CERTIFIED**

JUN 30 2006

Justin Denny M.D.  
Health Officer  
Clark County Health Dept.

NN01041471