

WHEN RECORDED RETURN TO:

Violet Jordan
P.O. Box 523
North Bonneville, WA 98639

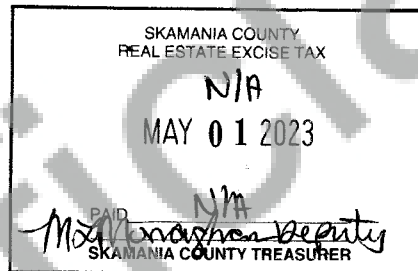
DOCUMENT TITLE(S):

Death Certificate and Lack of Probate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S): Jack L. Jordan *SR.*

GRANTEE(S): Violet E. Jordan



ABBREVIATED LEGAL DESCRIPTION:

A portion of section 21 T2N R7EWM

TAX PARCEL NUMBER(S): 02072112020000 *LM 5/1/23*



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-039465

LOCAL FILE NUMBER: 5387

DATE ISSUED: 03/20/2023
FEE NUMBER: 158929512

FIRST AND MIDDLE NAME(S): JACK LEON
LAST NAME(S): JORDAN

COUNTY OF DEATH: CLARK
DATE OF DEATH: SEPTEMBER 05, 2019
HOUR OF DEATH: 11:04 AM
SEX: MALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: FEBRUARY 07, 1950
BIRTHPLACE: TOLEDO, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: VIOLET ELAINE COOP

OCCUPATION: MACHINIST
INDUSTRY: TRANSPORTATION INDUSTRY
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: VIOLET ELAINE JORDAN
RELATIONSHIP: WIFE
ADDRESS: 2905 NE BURTON ROAD VANCOUVER, WA 98662

CAUSE OF DEATH:
A: LIVER CIRRHOSIS
INTERVAL: UNKNOWN
B: PRIMARY BILIARY CHOLANGITIS
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEPATIC ENCEPHALOPATHY,
SICK SINUS SYNDROME, LEFT BUNDLE BRANCH BLOCK, POSSIBLE SEPSIS OF
UNCLEAR ETIOLOGY

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: 2905 NE BURTON ROAD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98662

RESIDENCE STREET: 2905 NE BURTON ROAD
CITY, STATE, ZIP: VANCOUVER, WA 98662
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: CHARLES ANDREW HENDERSON
MOTHER: JULIA ANNA SPITZER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: SEPTEMBER 09, 2019

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661
FUNERAL DIRECTOR: NICHOLAS R. BROWN

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: PEGGY A. KNOWLES, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 14508 NE 20TH AVE STE 201
CITY, STATE, ZIP: VANCOUVER, WA 98686
DATE SIGNED: SEPTEMBER 09, 2019

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATHY RAMAGE
DATE RECEIVED: SEPTEMBER 09, 2019



DOH 422-034 August 2019

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
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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**Adult (18 years or older)**

- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgement 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.
 - 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

- 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
CLARK COUNTY PUBLIC HEALTHAlan Melnick, MD, MPH, CPH
Health OfficerCertificate not valid unless the Seal of the State of
Washington changes color when heat applied.

0 6 4 9 7 5 9 1

LACK OF PROBATE AFFIDAVIT

Order No.: CL 15320

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

Violet Elaine Jordan, being first duly sworn, on oath
deposes and says:

The undersigned affiant is the lawful surviving Spouse
(relationship to decedent) of Jack Leon Jordan (decedent) who
died on 9/09/2009, at Vancouver (city),
Clark (county), WA (state), then being a resident of
Vancouver (city), Clark (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: VIOLET ELAINE JORDAN
Age: 73
Relationship: SPOUSE
Address: 1530 Hwy 23
Smithville, Ms. 38870

Full Name: Sally A. MAUPIN
Age: 53
Relationship: Daughter
Address: Not Known

Full Name: Jack Jordan
Age: 43
Relationship: Son
Address: P.O. Box
NORTH BORNEVILLE, WA

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 \$_____, and the value of all separate property was approximately \$_____.

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: 23 Mar 2023

Violet Elaine Jordan
Affiant

Address: 1530 Hwy 23
Smithville MS 38870

STATE OF MS }

COUNTY OF Monroe } s.s.

I certify that I know or have satisfactory evidence that Violet Jordan 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: 3/23/2023

Melinda Dykes

Notary Public in and for the State of MS

Residing at

My appointment expires: 4/27/24

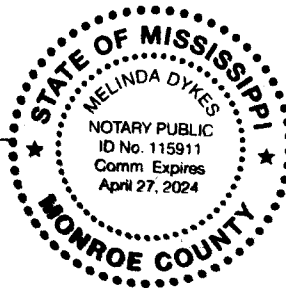


EXHIBIT "A"

THAT PORTION OF THE BISHOP DONATION LAND CLAIM IN THE NORTHWEST QUARTER OF THE SECTION 21, TOWNSHIP 2 NORTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF MOFFETS-CARPENTER ROAD AND THE NORTH RIGHT OF WAY LINE OF STATE HIGHWAY 8, SAID, INTERSECTION BEING NORTH 2,202.06 FEET AND EAST 1,930.50 FEET FROM THE U.S.E.D. MONUMENT MARKING THE SOUTHWEST CORNER OF BISHOP DONATION LAND CLAIM; THENCE NORTH 48°08' WEST ON THE CENTER LINE OF THE MOFFETS-CARPENTER ROAD 985.34 FEET TO THE COUNTY ROAD STATE P.I. 10+20.89; THENCE NORTH 05°37' WEST ON THE TANGENT 149.08 FEET; THENCE NORTH 89°37' WEST 25.13 FEET TO THE WESTERLY LINE OF THE SAID MOFFETS-CARPENTER ROAD, SAID POINT BEING THE INITIAL POINT OF THE TRACT HEREBY DESCRIBED; THENCE NORTH 89°37' WEST 150 FEET; THENCE SOUTH 05°37' EAST 75 FEET; THENCE SOUTH 89°37' EAST 150 FEET TO THE WESTERLY LINE OF SAID ROAD; THENCE NORTH 05°37' WEST 75 FEET TO THE INITIAL POINT.

Situated in the County of **Skamania**, State of **Washington**.

Skamania County Assessor

Date 5-1-23 Parcel# 02072112020000
LM

End of Exhibit "A"