



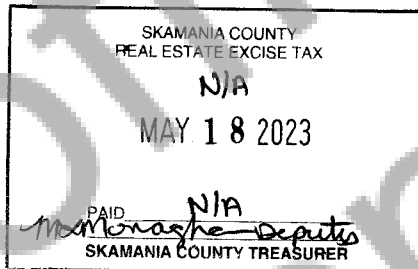
When Recorded Return To:
eLegacy Law, PLLC
8596 N. Wayne Dr. St. B
Hayden, ID 83835

Document Title: Lack of Probate Affidavit
Grantor: Elaine G. Schulze
Grantee: David M. Schulze
Legal Description: Lots 8 and 9 of Foster's Addition according to the official plat thereof on file and of record at page 33 of Book "B" of Plats, records of Skamania County, Washington.

Assessor Parcel #: 04072640040200; 04072630201400

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)



DAVID M. SCHULZE., being first duly sworn on oath, deposes and says:

I am the surviving spouse and rightful heir of ELAINE G. SCHULZE, the decedent, who died on January 24, 2020, in Skamania County, Washington.

At the time of ELAINE G. SCHULZE'S death, the decedent was a legal resident of 201 Gordon Rd., Carson, Washington, 98610.

The decedent left no Last Will and Testament.

The complete list of the living heirs-at-law of the decedent, and their ages, relationship to decedent and current address, is as follows:

Name	Age	Relationship	Address
David M. Schulze	71	Spouse	201 Gordon Rd. Carson, WA 98610-3160

LACK OF PROBATE AFFIDAVIT

John P. Schulze	29	Son	522 Butler Loop Rd. Skamania, WA 98648
Katie M. Rhodehammel	25	Daughter	20 Angelo Ave. Apt. 2 N. Providence, RI 02904

The real property listed below was owned by affiant and decedent at the time of her death as community property under the deed dated September 5, 1987 and recorded under Skamania County recording number 117115, and is more particularly described as follows:

Legal Description: Lots 8 and 9 of Foster's Addition according to the official plat thereof on file and of record at page 33 of Book "B" of Plats, records of Skamania County, Washington.

Assessor Parcel #: 04072640040200; 04072630201400

All the debts of the decedent, including all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid.

The decedent was 63 years of age on the date of her death.

The estate of the decedent was not liable for federal estate tax or Washington estate tax.

The estate of the decedent was not liable for repayment for subsistence or medical care to the state of Washington.

This affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the affiant in reliance upon the representations hereinabove set forth above.

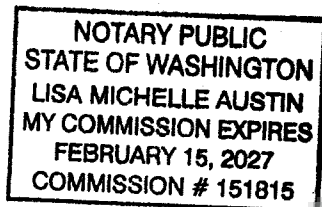
Affiant agrees to indemnify and hold the title company harmless from any loss or damage which it may suffer herein.

Dated: _____

4.6.23

David M. Schulze
David M. Schulze, Affiant

On this 4 day of April, 2023, before me, the undersigned Notary, personally appeared David M. Schulze., proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same.



Lisa M. Austin
Notary Public
Residing at STEVENSON WA
My Commission Expires: 02/15/2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-003985

DATE ISSUED: 01/30/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELAINE GAIL
LAST NAME(S): SCHULZE

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JANUARY 24, 2020

HOUR OF DEATH: 10:50 PM

SEX: FEMALE

AGE: 63 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 09, 1956

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DAVID MICHAEL SCHULZE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: UNKNOWN

US ARMED FORCES: NO

INFORMANT: DAVID M SCHULZE

RELATIONSHIP: HUSBAND

ADDRESS: 201 GORDON ROAD, CARSON, WA 98610

CAUSE OF DEATH:

A: PULMONARY ADENOCARCINOMA

INTERVAL: 4 MONTHS

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: HOME

FACILITY OR ADDRESS: 201 GORDON ROAD

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 201 GORDON ROAD

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 39 YEARS

FATHER: EINAR E HUSEBY

MOTHER: LEOLA P BACON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: JANUARY 30, 2020

FUNERAL FACILITY: EVERGREEN-STAPLES FUNERAL CHAPEL

ADDRESS: PO BOX 5426

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668-5426

FUNERAL DIRECTOR: JENNIFER M. TUCKER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ERIC BERNSTEIN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 810 12TH ST

CITY, STATE, ZIP: HOOD RIVER, OR 97031

DATE SIGNED: JANUARY 28, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: JANUARY 29, 2020



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	Required information must match current information on record			
	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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:
Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider 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.

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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

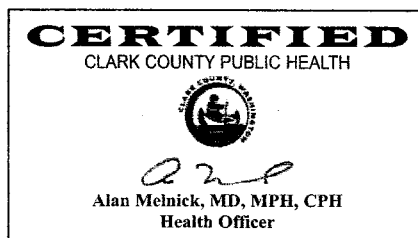
Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015



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