

WHEN RECORDED RETURN TO:

____ Sarah J. Woods _____
____ 5593 K Street _____
____ Washougal, WA 98671 _____

Skamania County, WA **2023-001005**
Total: \$207.50
ALP 07/20/2023 04:03 PM
Pgs=5

Request of: COLUMBIA GORGE TITLE



DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

Additional numbers on page _____ of document.

GRANTOR(S):

Charles A. Woods, deceased

Additional names on page _____ of document.

GRANTEE(S):

Sarah J. Woods, a widow

Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

The East 20 feet of Lot 5, and the West 65 feet of Lot 6, MALFAIT RIVER FRONT TRACTS, according to the Plat thereof, recorded in Book 'A' of Plats, Page 123, in the County of Skamania, State of Washington.

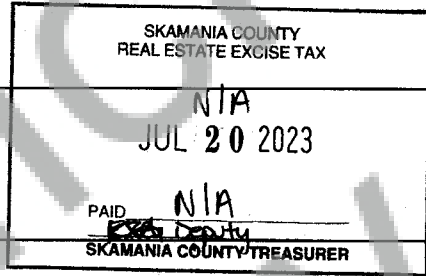
Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

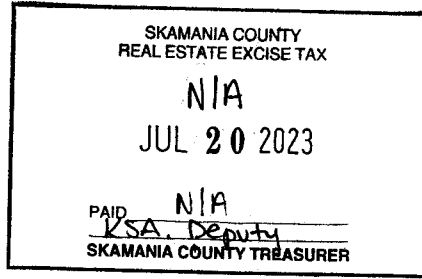
02-05-31-4-3-0800-00

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.



After recording, return to:
Sarah J. Woods
5593 K Street
Washougal, WA 98671



Grantor (Name of Decedent): Charles Woods
Grantee (Heirs): Sarah J Woods
Abbreviated Legal Description: Tax/Map ID(s): W 65' Lot 6 & E 20' Lot 5 malfait
Tax Parcel No.(s): 02053143080000 Riverfront Tracts BK A/pg 123
622-163054-KH

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF washington
COUNTY OF Skamania

The undersigned, Sarah J woods, executes this affidavit relating to the estate of Charles woods (herein "Decedent"), who died on September 22nd 2021 in the County of Clark, State of Washington, then being a resident of the City of Washougal, County of Skamania, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:
1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):
- the lawful surviving spouse of the Decedent
 - Registered domestic partner of the Decedent
 - Surviving child of the Decedent
 - One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
 - other (identify:) _____

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)
(continued)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Name and relationship: _____

Description of the Property

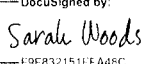
4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

DocuSigned by:
 Sarah J Woods
19F8321511FA48C
 Signature


Sarah woods

Print Name

State of Washington

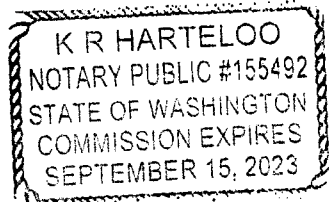
County of Clark

This record was acknowledged before me on 7/17/2023 by Sarah J. Woods.



 (Signature of notary public)

Notary Public in and for the State of WA
 My appointment expires: 9/15/2023



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 09/28/2021
FEE NUMBER:

CERTIFICATE NUMBER: 2021-047811

FIRST AND MIDDLE NAME(S): CHARLES ALLYN
LAST NAME(S): WOODS

COUNTY OF DEATH: CLARK
DATE OF DEATH: SEPTEMBER 22, 2021
HOUR OF DEATH: 09:30 PM
SEX: MALE AGE: 50 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JANUARY 12, 1971
BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SARAH J WOODS

OCCUPATION: FACILITY MAINTENANCE
INDUSTRY: ELECTRICAL INDUSTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: SARAH J WOODS
RELATIONSHIP: WIFE
ADDRESS: 171 MALFAIT TRACTS ROAD WASHOUGAL, WA 98671

CAUSE OF DEATH:
A: ACUTE LIVER FAILURE
INTERVAL: DAYS
B: ALCOHOLIC CIRRHOSIS
INTERVAL: WEEKS-MONTHS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE RENAL FAILURE,
DISSEMINATED INTRAVASCULAR COAGULATION, SHOCK, ESOPHAGEAL
VARICES WITH BLEEDING

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: HOSPITAL
FACILITY OR ADDRESS: LEGACY AT SALMON CREEK
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98686

RESIDENCE STREET: 171 MALFAIT TRACTS ROAD
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: WARREN E WOODS
MOTHER: MARETA KEYES

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: SEPTEMBER 29, 2021

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC

ADDRESS: 410 NE GARFIELD STREET
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607
FUNERAL DIRECTOR: RONALD A BROWN

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LAURA L. WILLOUGHBY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 700 NE 87TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664
DATE SIGNED: SEPTEMBER 24, 2021

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LINDA L. POLAND
DATE RECEIVED: SEPTEMBER 27, 2021

Affidavit for Correction

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY

| | | | | |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

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: Printed name: _____ Date: _____ | 14b. Signature of 2 nd parent (if required): 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

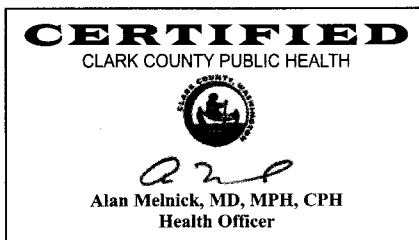
- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
 - The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann 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 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.
 - 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.



0 4 8 9 8 2 7 4