

Skamania County, WA
Total: \$207.50
ALP
Pgs=5

2023-001520

10/19/2023 04:28 PM

Request of: GAIL G. COLLINS



00017093202300015200050058

WHEN RECORDED RETURN TO:

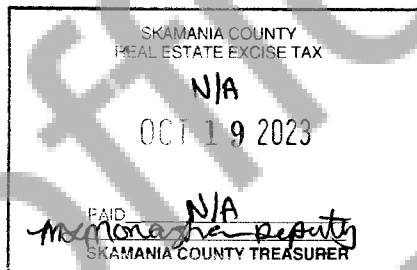
Gail G. Collins
PO Box 176
Stevenson, WA 98648

DOCUMENT TITLE(S):
INHERITANCE LACK OF PROBATE AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Carol J. Collins, deceased

GRANTEE:
Gail G. Collins, a widower



LEGAL DESCRIPTION:

A tract of land in the Northwest Quarter of the Northeast Quarter of Section 2, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the JENNY Short Plat, recorded as Auditor's File No. 2007165281, Skamania County Records.

TAX PARCEL NUMBER(S):
02-07-02-1-0-0800-00

SM

Skamania County Assessor

Date 10/19/23 Parcel# 02070210080000

After recording, return to:

Gail G Collins
PO BOX 176
Stevenson, WA 98648

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

STATE OF Washington

COUNTY OF Skamania SS:

The undersigned, Gail Collins, executes this affidavit relating to the estate of Carol Collins (herein "Decedent"), who died on March 17 2014, in the County of Skamania, State of Washington, then being a resident of the City of Stevenson, 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 the 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 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]]

Name & relationship Jenny Taylor Daughter

Name & relationship Amy Herch Daughter

Name & relationship _____

Name & 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:

[INSERT either complete legal description, or refer to attachment for full legal description]

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.

DATED: 10/19, 20 23

Gail Collins
(Signature)

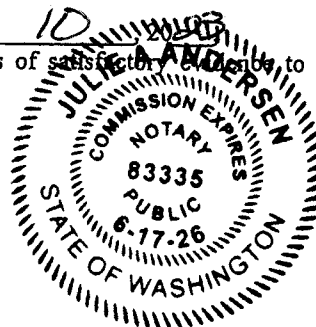
Gail Collins
(Print or type full name)

87 NW Osprey Ridge Lane Stevenson, WA 98648
(Full address and telephone number) 1360 773 5280

State of Washington
County of Skamania

SUBSCRIBED and SWORN TO before me this 19 day of 10, 2023
by Gail Collins, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Julia Andersen
Notary Public in and for the State of Washington
residing at Carson, Washington



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-006090

DATE ISSUED: 04/14/2014

FEE NUMBER: 0002018252

GIVEN NAMES: CAROL JEANNE
LAST NAME: COLLINS

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MARCH 17, 2014
HOUR OF DEATH: 03:30 P.M.
SEX: FEMALE
AGE: 63 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 12, 1951
BIRTHPLACE: RICHLAND, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: GAIL GENE COLLINS

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? NO

INFORMANT: GAIL COLLINS
RELATIONSHIP: HUSBAND
ADDRESS: PO BOX 176 STEVENSON, WA 98648

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: NW 87 OSPREY RIDGE LANE
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: NW 87 OSPREY RIDGE LANE
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648
INSIDE CITY LIMITS? YES
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: WILLIAM GEORGE WESTOVER
MOTHER: MARGARET PAULINE SMITHWICK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA
DISPOSITION DATE: MARCH 21, 2014

FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: P O BOX 390
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:
A. METASTATIC BREAST CANCER - INFILTRATING LOBULAR CARCINOMA
INTERVAL: 5 YEARS

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:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: R. ALLEN LABERGE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 212 SKYLINE DRIVE
CITY, STATE, ZIP: WHITE SALMON WA 95672
DATE SIGNED: MARCH 18, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
LADONNA BAEHLER
DATE RECEIVED: MARCH 19, 2014



Affidavit for Correction

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
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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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 Maiden 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 foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.

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

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

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.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - 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 the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

CERTIFIED

APR 14 2014

Spitters
Christopher Spitters, M.D.
Klickitat County Health Department

WW00588965