

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

2023-001675

11/14/2023 03:06 PM

Request of: COLUMBIA GORGE TITLE



00017292202300016760060069

WHEN RECORDED RETURN TO:

James Gleason
6279 Southeast Genrosa Street
Hillsboro, OR 97123

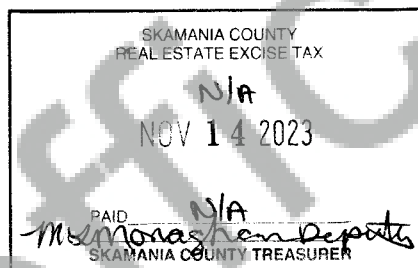
DOCUMENT TITLE(S):

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

Sandra Ann Dillard, deceased



GRANTEE:

James Gleason, as Personal Representative of the Estate of Norman Gene Dillard, deceased,
pursuant to Skamania County Superior Court Case No. 23-4-0026-30

LEGAL DESCRIPTION:

Lot 5, Block 6 of the RELOCATED NORTH BONNEVILLE, recorded in Book 'B' of Plats, Page 12, also
recorded in Book 'B' of Plats, Page 28, in the county of Skamania, State of Washington.

TAX PARCEL NUMBER(S):

02-07-20-4-3-2200-00

Skamania County Assessor

Date 11/14/23 Parcel# 27-20-4-3-2200

After recording, return to:

James Gleason
6279 Southeast Genrosa St.
Hillsboro, OR 97123

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

STATE OF _____)

SS:

COUNTY OF _____)

The undersigned, James Gleason, executes this affidavit relating to the estate of Sandra Ann Dillard (herein "Decedent"), who died on June 22, 23, in the County of Multnomah, State of Oregon, then being a resident of the City of North Bonneville, 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): Personal Representative, Norman Gene Dillard Estate

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 N/A

Name & relationship N/A

Name & relationship N/A

Name & relationship N/A

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]

See Attached

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: November 7, 2023

James Gleason

(Signature)

James Gleason

(Print or type full name)

6279 SE Gannosa St. Hillsboro OR 97123 971-201-1150

(Full address and telephone number)

State of OREGON

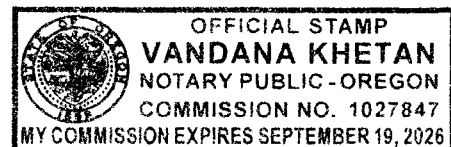
County of Washington

SUBSCRIBED and SWORN TO before me this 7th day of November, 2023

by James Gleason, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Vandana Khetan

Notary Public in and for the State of OREGON
residing at Hillsboro



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

1058985

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2023-021168

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First	Middle	Last	Suffix	Death Date	
	Sandra		Ann	Dillard			June 22, 2023	
	Sex		Age		Social Security Number		County of Death	
	Female		74 years				Multnomah	
	Birthdate		Birthplace				Was Decedent Ever in U.S. Armed Forces?	
	October 26, 1948		Twin Falls, Idaho				No	
	Residence:				City/Town			
	605 Shahala				North Bonneville			
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
	Skamania		Washington		98639		Yes	
	Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
	Married		Norman Gene Dillard					
	Father's Name				Mother's Name Prior to First Marriage			
	Ore Ralph Acock				Beryl June Talbott			
	Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Norman Gene Dillard		Not Available		Spouse		605 Shahala, North Bonneville, WA 98639		
Place of Death				Facility Name				
Hospital-Inpatient				Vibra Specialty Hospital Of Portland				
Location of Death				City/Town or Location of Death		State		
10300 NE Hancock Street				Portland		Oregon		
						Zip Code + 4		
						97220		
Method of Disposition		Place of Disposition		Location (City/Town and State)				
Cremation		PFS Crematory		Portland, Oregon				
Name and Complete Address of Funeral Facility								
Neptune Cremation Service				11211 SE 82nd Avenue Ste. N, Happy Valley, Oregon 97086				
Date of Disposition		Funeral Director's Signature				OR License Number		
TBD		Regan B Hinton				CO-3546		
Registrar's Signature				Date Received		Local File Number		
Jennifer A. Woodward				July 13, 2023				
Amendment								

45-2CCS (01/06)



20230715194

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

July 14, 2023

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial
Copy



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