

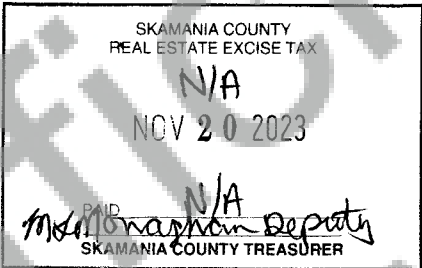
WHEN RECORDED RETURN TO:
Sherry L Mason
PO Box 238
North Bonneville, WA 98639

DOCUMENT TITLE(S):
Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR :
Michael Vern Mason, deceased

GRANTEE :
Sherry L. Mason



ABBREVIATED LEGAL DESCRIPTION:
Lot 9, Block 6 of RELOCATED NORTH BONNEVILLE, recorded in Book 'B' of Plats, Page 12, also recorded in Book 'B' of Plats, Page 28, records of Skamania County, Washington.

TAX PARCEL NUMBER(S):
02-07-20-4-3-2600-00

Skamania County Assessor
Date 11-20-23 Parcel# 02072043260000
Jm

After recording, return to:

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

STATE OF Washington
COUNTY OF Shamania SS:

The undersigned, Sherman Mason, executes this affidavit relating to the estate of Michael W. Mason (herein "Decedent"), who died on 10/07/22, in the County of Clark, State of Wa., then being a resident of the City of Vancouver, County of Clark, State of Wa. (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 Michael C. Mason (Son)

Name & relationship Cade M. Mason (Son)

Name & relationship Casey B. Mason (daughter)

Name & relationship Joshua C. Mason (Son)

Jessica M. Prater (daughter)

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 _____, 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: 11 / 20, 20 23

Sherry Mason
(Signature)

Sherry Mason
(Print or type full name)

4555 NE 66th Ave Apt 175
(Full address and telephone number)

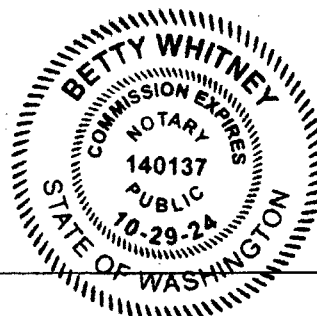
Vancouver WA 98661 504-208-0141

State of WA
County of King

SUBSCRIBED and SWORN TO before me this 20th day of Nov, 2023

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

Betty Whitney
Notary Public in and for the State of WA
residing at Stenerson



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-053161

DATE ISSUED: 10/20/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MICHAEL VERN
LAST NAME(S): MASON

COUNTY OF DEATH: CLARK
DATE OF DEATH: OCTOBER 07, 2022
HOUR OF DEATH: 08:30 PM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: SEPTEMBER 04, 1949
BIRTHPLACE: ENTERPRISE, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHERRY LEE COLLINS

OCCUPATION: ELECTRICIAN
INDUSTRY: ELECTRICAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: SHERRY MASON
RELATIONSHIP: SPOUSE
ADDRESS: 609 SHAHALA NORTH, BONNEVILLE, WA 98639

CAUSE OF DEATH:
A: SMALL CELL CARCINOMA OF RIGHT UPPER LUNG
INTERVAL: 10 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: EMPHYSEMA OF LUNG, ATRIAL
FIBRILLATION, HYPERTENSION, CORONARY ARTERY DISEASE

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: 609 SHAHALA NORTH
CITY, STATE, ZIP: BONNEVILLE, WASHINGTON 98639

RESIDENCE STREET: 609 SHAHALA NORTH
CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: VERN WARD MASON
MOTHER: ARTHENE MAUDE GRAY

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: UNKNOWN

FUNERAL FACILITY: THREADGILL'S MEMORIAL SERVICES, LLC

ADDRESS: 4815 SW JAMIESON ROAD
CITY, STATE, ZIP: BEAVERTON, OREGON 97005
FUNERAL DIRECTOR: SAMANTHA C. BURGIN

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: JUSTIN G. FORD, DO
TITLE: DO
CERTIFIER ADDRESS: 3710 SW US VETERANS DR
CITY, STATE, ZIP: PORTLAND, OREGON 97239
DATE SIGNED: OCTOBER 18, 2022

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

LOCAL DEPUTY REGISTRAR: KATIE GRAUE
DATE RECEIVED: OCTOBER 19, 2022

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

- 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.

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 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 HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer

