

2023-001746

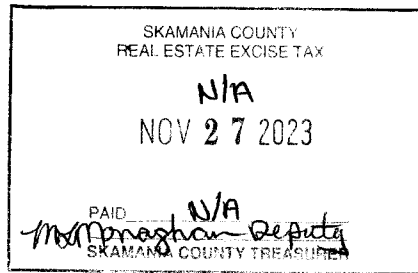
11/30/2023 11:54 AM



00017402202300017460050055

After recording, return to:

ALEXA N. RITCHIE
Landerholm, P.S.
P.O. Box 1086
Vancouver, WA 98666-1086



Parcel Number: 02053242010500 *JM 11/27/23*
Abbreviated Legal Description: Lot 7 SHON-TAY-RILL A/139

Space Above for Recording Information Only

AFFIDAVIT OF LACK OF PROBATE

State of Washington)
) ss.
County of Clark)

John F. Wallig (the "Affiant"), being first duly sworn, upon oath, deposes and states:

1. This Affidavit is made pursuant to RCW 82.45.197.
2. The full name of Decedent is Sandra Ann Wallig.
3. Decedent died on April 18, 2023, a resident of Washougal, Skamania County, Washington. A copy of the death certificate is attached as Exhibit A.

4. Legal descriptions of real property subject to this Affidavit:

Lot 7, SHON-TAY-RILL, according to the plat thereof, recorded
in Book "A" of Plats, at page 139, records of Skamania County,
Washington.

Skamania County Assessor

Date 11-27-23 Parcel# 02053242010500
Jm

5. All the debts of Decedent, including but not limited to, all expenses due to any last illness, funeral, burial, and all applicable federal and state succession and inheritance taxes, have been fully paid.

6. I am the surviving spouse of Decedent. Decedent executed a document entitled Last Will and Testament of Sandra Ann Wallig dated February 10, 2017, which has not been probated or revoked. A copy of such Will is attached as Exhibit B. The beneficiaries of Decedent's probate estate are as follows:

John F. Wallig, Decedent's surviving spouse

7. On the date of Decedent's death, Decedent's heirs at law were as follows:

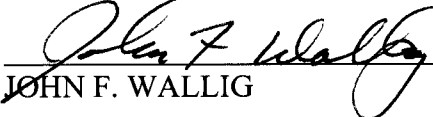
John F. Wallig, surviving spouse
71 Daniel Road
Washougal, WA 98671

Tiffany L. Bowling, daughter
1000 Blaine Street
Woodburn, OR 97071

Scott T. Wallig, son
20930 S. Redland Road
Oregon City, OR 97045

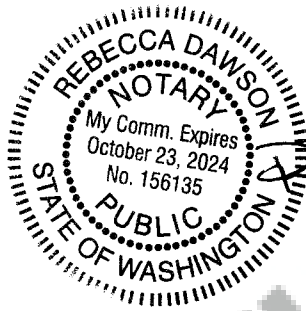
8. The purpose of this Affidavit of Lack of Probate is to confirm the transfer and conveyance of the real property referenced herein from the Estate of Sandra Ann Wallig to John F. Wallig, the surviving spouse.

November 21st, 2023
Date


JOHN F. WALLIG

STATE OF WASHINGTON)
) ss.
County of Clark)

Subscribed and sworn to before me this 21st day of November, 2022 by
JOHN F. WALLIG.



Rebecca Dawson
NOTARY PUBLIC in and for the State
of Washington, residing at Clark County
My appointment expires: 10/23/2024



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2023-019425**

DATE ISSUED: **04/21/2023**

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **SANDRA ANN**

LAST NAME(S): **WALLIG**

COUNTY OF DEATH: **CLARK**

DATE OF DEATH: **APRIL 18, 2023**

HOUR OF DEATH: **04:34 AM**

SEX: **FEMALE**

AGE: **75 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**

RACE: **WHITE**

BIRTH DATE: **JUNE 10, 1947**

BIRTHPLACE: **SALEM, OR**

MARITAL STATUS: **MARRIED**

SURVIVING SPOUSE: **JOHN F WALLIG**

OCCUPATION: **OFFICE MANAGER**

INDUSTRY: **SALES**

EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**

US ARMED FORCES: **NO**

INFORMANT: **JOHN WALLIG**

RELATIONSHIP: **HUSBAND**

ADDRESS: **71 DANIELS RD. WASHOUGAL, WASHINGTON 98671**

CAUSE OF DEATH:

A: **CARDIOPULMONARY ARREST, ETIOLOGY UNKNOWN**

INTERVAL: **1.5 HOURS**

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **LUNG CANCER, ASTHMA**

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 EMERGENCY ROOM**

FACILITY OR ADDRESS: **SOUTHWEST WASHINGTON MEDICAL CENTER,**

CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98664**

RESIDENCE STREET: **71 DANIEL RD.**

CITY, STATE, ZIP: **WASHOUGAL, WA 98671**

INSIDE CITY LIMITS: **NO**

COUNTY: **SKAMANIA**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **16 YEARS**

FATHER: **ROY L CHUMBLEY**

MOTHER: **MARJORIE SNYDER**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **EVERGREEN MEMORIAL GARDENS CREMATORY**

CITY, STATE: **VANCOUVER, WASHINGTON**

DISPOSITION DATE: **APRIL 21, 2023**

FUNERAL FACILITY: **STRAUB'S FUNERAL HOME & COLUMBIA RIVER
CREMATION**

ADDRESS: **325 NE THIRD AVE**

CITY, STATE, ZIP: **CAMAS, WASHINGTON 98607**

FUNERAL DIRECTOR: **CHRISTIAN M. DIERICKX**

MANNER OF DEATH: **NATURAL**

AUTOPSY: **UNKNOWN**

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: **JASON HANLEY, MD**

TITLE: **PHYSICIAN**

CERTIFIER ADDRESS: **400 NE MOTHER JOSEPH PLACE**

CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98664**

DATE SIGNED: **APRIL 20, 2023**

CASE REFERRED TO ME/CORONER: **YES**

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **JARED BURROWS**

DATE RECEIVED: **APRIL 20, 2023**



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.

DOH 422-034 August 2019

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:	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

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. Proof documentation must be five or more years old or established within five years of birth.
4. 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

1. 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.
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 proof documentation.
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.

CERTIFIED
CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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