

WHEN RECORDED RETURN TO:
Columbia Gorge Title
41 SW Russell Ave
Stevenson, WA 98648
509-427-5681

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)

DOCUMENT TITLE(S) (or transaction contained therein) (all areas applicable to your document must be filled in)

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

N/A

Additional numbers on page _____ of document.

GRANTOR(S):

1. Donna May Vandergest, deceased

3. _____

4. _____

Additional names on page _____ of document.

GRANTEE(S):

1. Bruce H. Vandergest, a widower

3. _____

4. _____

Additional names on page _____ of document.

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

Lot 17 of Hidden Ridge Subdivision, according to the recorded plat thereof recorded in Auditor's File No. 2618000254, in the County of Skamania, State of WA.

Complete legal on page _____ of document.

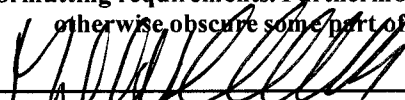
Assessor's Property Tax Parcel #

03-07-35-4-4-1017-00

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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."



Signature of Requesting Party

Note to Signer: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

WHEN RECORDED MAIL TO:

Columbia Gorge Title
41 SW Russell Ave.
Stevenson, WA 98648
(509) 427-5681

DOCUMENT TITLE(S)	
Inheritance Lack of Probate Affidavit	
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:	
N/A	
GRANTOR(S):	
Donna May Vondergeest, deceased	Skamania County Real Estate Excise Tax
GRANTEE(S):	
Bruce H Vondergeest, a widower	N/A JUL 25 2024
	PAID <u>N/A</u> Skamania County Treasurer <i>M. V. Vondergeest</i>
ABBREVIATED LEGAL DESCRIPTION:	
Lot 17 of HIDDEN RIDGE SUBDIVISION, according to the recorded plat thereof, recorded in Auditor's File Number 2018000254, in the County of Skamania, State of Washington	
TAX PARCEL NUMBER(S):	
03-07-35-4-4-1017-00	Skamania County Assessor
	Date <u>7-25-24</u> Parcel# <u>0307354410700</u> LM

After recording, return to:

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

STATE OF WA)

COUNTY OF Skamania) SS:

The undersigned, Bruce H. Vondergeest, executes this affidavit relating to the estate of Donna May Vondergeest (herein "Decedent"), who died on Oct 4, 2022, in the County of Skamania, State of WA, then being a resident of the City of Stevenson, County of Skamania, 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 Jeanette Huff - Daughter

Name & relationship Sean Doherty - Son

Name & relationship Robin Gauernaier - StepDaughter

Name & relationship Michael Vondergeest - Step Son

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 Skiunawig 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: July 24, 2024

[Signature]

(Signature)
Bruce H. Vondergeest

(Print or type full name) #247

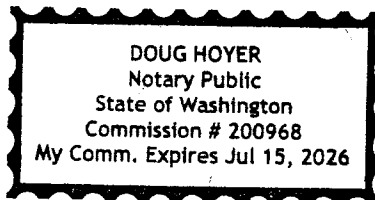
(Full address and telephone number)
13303 SE McGillivray, Vancouver, WA 98683
360-410-3611

State of WA
County of Clark

SUBSCRIBED and SWORN TO before me this 24 day of July, 2024
by Bruce H. Vondergeest, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[Signature]

Notary Public in and for the State of WA
residing at Vancouver, WA



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 11/01/2022
FEE NUMBER: 152271059

CERTIFICATE NUMBER: 2022-051850

FIRST AND MIDDLE NAME(S): DONNA MAY
LAST NAME(S): VONDERGEEEST

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: OCTOBER 04, 2022
HOUR OF DEATH: UNKNOWN
SEX: FEMALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: 539-48-8296

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

BIRTH DATE: MAY 22, 1941
BIRTHPLACE: UNKNOWN, SK CANADA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: BRUCE VONDERGEEEST

OCCUPATION: HAIRSTYLIST
INDUSTRY: BEAUTY
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

INFORMANT: BRUCE VONDERGEEEST
RELATIONSHIP: SPOUSE
ADDRESS: P.O. BOX 758, STEVENSON, WA 98648

CAUSE OF DEATH:
A: FAILURE TO THRIVE
INTERVAL: 6 MONTHS
B: PARKINSON'S DISEASE
INTERVAL: 1 YEAR
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FLUTTER, ATRIAL
FIBRILLATION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, EMPHYSEMA,
ATRIAL FIBRILLATION, HYPERTENSION, DIABETES

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: 1235 RED HAWK COURT
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 1235 RED HAWK COURT
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: DONALD MCEWEN
MOTHER: JEAN SOBY

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: OCTOBER 12, 2022

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: VICTORIA LARA

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: LIETTE WITHERRITE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 65371 HIGHWAY 14
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
DATE SIGNED: OCTOBER 12, 2022

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: OCTOBER 12, 2022