

2024-001154

08/19/2024 01:16 PM



00019220202400011540050057

After recording, return to:

Sandra Carol Alcantara
572 Blaine View Ln.
Kalispell, MT 59901

Skamania County
Real Estate Excise Tax

N/A

AUG 19 2024

PAID

N/A

Skamania County Treasurer
M. Monaghan Deputy

612894895TB
CL 20356

Grantor (Name of Decedent): Philip Edward Alcantara

Grantee (Heirs): Sandra Carol Alcantara, additional heirs on page 2

Abbreviated Legal Description: Lot(s) 1, Philip Taylor Short Plat, Book 3, Page 467 - Ptn of lots 6, 7 and 8 of Washougal Summer Homes Tracts

Tax Parcel No.(s): 75359440 02053140070100 Ym 8-19-24

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WASHINGTON

COUNTY OF CLATSOP

The undersigned, Sandra Carol Alcantara, executes this affidavit relating to the estate of Philip Edward Alcantara (herein "Decedent"), who died on July 17, 2023, in the County of Skamania, State of Washington, then being a resident of the City of Washougal, 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 a 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 (1) 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.

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

☐ other (identify:)

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Sandra Carol Alcantara - Spouse

Name and relationship: Kelly Lee Porche - Daughter

Name and relationship: Jenifer Marie James - Daughter

Name and 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 Clark, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Sandra Carol Alcantara
Sandra Carol Alcantara

State of Washington
County of Clark

This record was acknowledged before me on AUG 8, 2024 by Sandra Carol Alcantara.

(Signature of notary public)

Notary Public in and for the State of WASHINGTON

My commission expires: 05/09/27

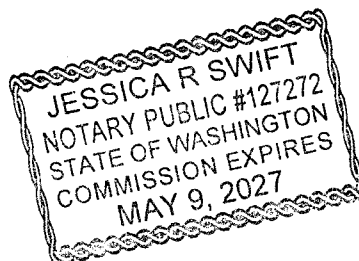


EXHIBIT A

Order No.: 612894895

For APN/Parcel ID(s): 02053140070100

A PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 31, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT A 3/4 INCH IRON PIPE WITH A BRASS CAP MARKING THE WEST QUARTER CORNER OF SECTION 31, AS SHOWN IN BOOK 3 OF SURVEYS, PAGE 260, SKAMANIA COUNTY AUDITOR'S RECORDS;

THENCE SOUTH 01°39'43" WEST, ALONG THE WEST LINE OF THE SOUTHWEST QUARTER OF SECTION 31, FOR A DISTANCE OF 123.88 FEET;

THENCE SOUTH 62°15' 10" EAST, 701.99 FEET TO A HALF INCH IRON BAR (SURVEY 3-260) AND DESCRIBED AS "SET BY HART" IN EXHIBIT "B" OF SKAMANIA COUNTY SUPERIOR COURT CASE NO. 95-2-00145-1;

THENCE SOUTH 00°29'49" EAST, 34.14 FEET TO A HALF INCH IRON BAR (SURVEY 3-260) MARKING THE MOST NORTHERLY POINT OF A TRACT DESCRIBED IN EXHIBIT "A" AND "B" OF SKAMANIA COUNTY SUPERIOR COURT CASE NO. 95-2-00145-1, SAID POINT ALSO BEING THE TRUE POINT OF BEGINNING;

THENCE SOUTH 42°08'08" EAST 76.53 FEET;

THENCE SOUTH 11°51'57" EAST, 197.54 FEET TO THE "ESTABLISHED MOWING LINE" AS DESCRIBED IN EXHIBIT "A" OF THE ABOVE DESCRIBED SKAMANIA COUNTY SUPERIOR COURT CASE;

THENCE SOUTH 29°54'54" WEST, ALONG THE "ESTABLISHED MOWING LINE" AND ITS EXTENSION, 224 FEET, MORE OR LESS, TO THE CENTER OF THE MAIN CHANNEL OF THE WASHOUGAL RIVER;

THENCE NORTHWESTERLY, ALONG THE CENTER OF THE MAIN CHANNEL OF THE WASHOUGAL RIVER, 94 FEET, MORE OR LESS, TO A POINT WHICH BEARS SOUTH 14°14'21" WEST, FROM THE TRUE POINT OF BEGINNING;

THENCE NORTH 14°14'21" EAST, 408 FEET, MORE OR LESS, TO THE TRUE POINT OF BEGINNING.

Skamania County Assessor

Date 8-19-21 Parcel# 02053140070100

LM



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-035063

DATE ISSUED: 07/21/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): PHILIP E

LAST NAME(S): ALCANTARA

COUNTY OF DEATH: CLARK

DATE OF DEATH: JULY 17, 2023

HOUR OF DEATH: 05:54 AM

SEX: MALE

AGE: 71 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: FILIPINO

BIRTH DATE: FEBRUARY 24, 1952

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SANDRA C ALCANTARA

OCCUPATION: PROBATION OFFICER

INDUSTRY: GOVERNMENT

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: SANDRA C ALCANTARA

RELATIONSHIP: SPOUSE

ADDRESS: 9632 WASHOUGAL RIVER ROAD, WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: SENILE DEGENERATION OF BRAIN

INTERVAL: 3.5 MONTHS

B: ACUTE ON CHRONIC KIDNEY FAILURE

INTERVAL: 1 YEAR

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALCOHOL ABUSE

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: 9632 WASHOUGAL RIVER ROAD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 9632 WASHOUGAL RIVER ROAD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: CIRILLO ALCANTARA

MOTHER: JOANN SALTZGAVER

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: JULY 25, 2023

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE

ADDRESS: 11211 SE 82ND AVENUE SUITE N

CITY, STATE, ZIP: HAPPY VALLEY, OREGON 97086

FUNERAL DIRECTOR: REGAN HINTON

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: SYDNEY SPRING, PAC

TITLE: PHYSICIAN ASSISTANT

CERTIFIER ADDRESS: 16811 SE MCGILLIVRAY BLVD

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683

DATE SIGNED: JULY 19, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: SYDNEY SPRING, PHYSICIAN ASSISTANT

LOCAL DEPUTY REGISTRAR: JESSICA BOHNSTEDT

DATE RECEIVED: JULY 20, 2023



DOH 422-034 August 2019

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 |
|-------------------|------------|----------|------|------------------|

Required information must match current information on record

| | | | | |
|-----------------|---|--|----------------------------------|--|
| Required | Record Type: <input type="checkbox"/> Birth <input checked="" type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce) | | | |
| | 1. Name on Record: Philip Edward Alcantara | 2. Date of Event: 07/17/23 | 3. Place of Event: Washougal, WA | |
| | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution): Cirillo Alcantara | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): Joan Saltzgaber | | |
| | 6. Name of Person Requesting Correction: Sandra Carol Alcantara Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|-------------------------------------|-----------|------------|
| 7. Return Mailing Address: 9632 Washougal, WA | City: Washougal | State: WA | Zip: 98671 |
| Telephone Number: (360) 721-6753 | Email Address: sandiflip1@yahoo.com | | |

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: Sandra Carol Alcantara | 14b. Signature of 2nd parent (if required): |
| Printed name: Sandra Carol Alcantara | Printed name: |
| Date: 7/31/24 | 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 OfficerCertificate not valid unless the Seal of the State of
Washington changes color when heat applied.

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