

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 Clark)

SS:

The undersigned, Rebecca Shilling, executes this affidavit relating to the estate of Rebecca*Shilling (herein "Decedent"), who died on 5/2/2018, in the County of Clark, State of WA, then being a resident of the City of Washouga, County of Skamania, State of WA. (A copy of the death certificate is attached hereto.) *Lynn

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

James
Daniel T. Shilling - husband

(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 _____

Rebekah Shilling - child

Name & relationship _____

Sarah Shilling - child

Name & relationship *Disabled and
unable to sign

Hannah Shilling - child

Name & relationship **Missing in Texas

Emman Shilling - child

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]

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: August 21st, 2024

[Signature]
(Signature)
Rebekah Shilling
(Print or type full name)

X Sarah Shilling

815 Columbia St Vancouver WA 98663
(Full address and telephone number) 360 852 3507

State of WA
County of CLARK

SUBSCRIBED and SWORN TO before me this 21 day of August, 2024
by Rebekah Shilling and Sarah Shilling 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 Washington
residing at Clark County

NOTARY PUBLIC
STATE OF WASHINGTON
SAHRA HALE
MY COMMISSION EXPIRES
FEBRUARY 11, 2025
COMMISSION # 190699

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-020181

LOCAL FILE NUMBER: 8103

DATE ISSUED: 05/17/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): REBECCA LYNN

LAST NAME(S): SHILLING

COUNTY OF DEATH: CLARK

DATE OF DEATH: MAY 02, 2018

HOUR OF DEATH: 04:50 AM

SEX: FEMALE

AGE: 61 YEARS

SOCIAL SECURITY NUMBER: 565-98-0689

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MARCH 06, 1957

BIRTHPLACE: HAYWARD, CA

MARITAL STATUS: MARRIED

SPOUSE: DANIEL J SHILLING

OCCUPATION: EXECUTIVE ADMIN ASSISTANT

INDUSTRY: SOFTWARE INDUSTRY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: DANIEL J SHILLING

RELATIONSHIP: HUSBAND

ADDRESS: 1021 LABARRE ROAD, WASHOUGAL WA 98671

CAUSE OF DEATH:

A: METASTATIC BREAST CANCER

INTERVAL: 4 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPICE

FACILITY OR ADDRESS: VANCOUVER VA MEDICAL CENTER

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 1021 LAMBARRE ROAD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER/PARENT: RAYMOND DRISCOLL

MOTHER/PARENT: ELONIA TEMPLER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: MAY 04, 2018

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC

ADDRESS: 410 NE GARFIELD STREET

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: GRETEL BOHN

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: RIMA H JALLAD, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1601 EAST 4TH PLAIN BLVD

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

DATE SIGNED: MAY 03, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: RIMA JALLAD, MD

LOCAL DEPUTY REGISTRAR: KATHY

DATE RECEIVED: MAY 04, 2018



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	Required information must match current information on record			
	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 Legal 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 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: P.O. 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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

DOH 422-034 October 2015

MAY 17 2018

Alan Melnick
Health Officer

Clark County Public Health



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