

Skamania County, WA
Total:\$308.50
ALP
Pgs=6

2024-001258

09/03/2024 04:58 PM

Request of: COLUMBIA GORGE TITLE



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:

GRANTOR(S):

Stephen Jon Jacobs, deceased

Skamania County
Real Estate Excise Tax

N/A
SEP 03 2024

PAID N/A
KSA Deputy Skamania County Treasurer

GRANTEE(S):

Georgia M Jacobs, a widow

ABBREVIATED LEGAL DESCRIPTION:

Ptn. Sec 27, T4N, R7E W.M.
See attached Exhibit 'A' for Legal Description---

TAX PARCEL NUMBER(S):

04-07-27-0-0-1400-00

After recording, return to:

Skamania County
Real Estate Excise Tax

N/A
SEP 03 2024

PAID N/A
KSA, Deputy Skamania County Treasurer

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

STATE OF Washington)

COUNTY OF Skamania) SS:

The undersigned, Georgia M. Jacobs, executes this affidavit relating to the estate of Stephen John Jacobs (herein "Decedent"), who died on 05/24/2024, in the County of Skamania, State of Washington, then being a resident of the City of Carson, 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 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 Georgia M. Jacobs, surviving spouse

Name & relationship Heath Montgomery Jacobs, son

Name & relationship Alycia Marie Peters, daughter

Name & 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 Skamania, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

House 52 Summer Rd Extension Carson
51 Summer Rd EXT.

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 30, 2024

Georgia M. Jacobs
(Signature)

(Print or type full name)

(Full address and telephone number)

State of WA
County of Skamania

SUBSCRIBED and SWORN TO before me this 30 day of Aug, 2024
by Georgia M. Jacobs, 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 Skamania
10-29-24



EXHIBIT "A"

A tract of land in the Southeast Quarter of the Southeast Quarter of the Northeast Quarter of Section 27, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Quarter corner of the East line of the said Section 27; thence West along the South line of Northeast Quarter of said Section 27 a distance of 200 feet; thence North 220 feet; thence East 200 feet; then South 220 feet to the point of beginning.

TOGETHER with a tract of land in the Northeast Quarter of the Northeast Quarter of the Southeast Quarter of Section 27, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a brass cap monumenting the quarter corner on the East line of said Section 27; thence South 89° 48' 12" West along the North line of said Southeast Quarter a distance of 200 feet to the Southeast corner of the land described as parcel 2 of Skamania County Deed of record instrument #2006164213 conveyed to the Trout Creek Cabin Irrevocable Trust. Thence South 00° 48' 20" East a distance of 50.61 feet, more or less, to the thread of Trout Creek; thence Southeasterly along said thread a distance of 215 feet to the East line of said Section 27; thence North 00° 48' 20" West along said section line a distance of 129.00 feet, more or less, to the point of beginning.

TOGETHER with a tract of land in the Northwest Quarter of the Northwest Quarter of the Southwest Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a brass cap monumenting the quarter corner on the West line of said Section 26; thence South 00° 48' 20" East along the West line of said Section 26 a distance of 129.00 feet, more or less, to the thread of Trout Creek; thence along said thread in a Southeasterly direction to the intersection point of said thread and a line which bears South 00° 44' 29" East from a 5/8" iron rod marked "Terra L.S. 18731" found on the North line of said Quarter of Section 26; thence North 00° 44' 29" West a distance of 231.99 feet to said iron rod; thence North 89° 42' 07" West along the North line of said quarter of Section 26 a distance of 336.06 feet to the point of beginning.

Skamania County Assessor

Date 9/3/24 Parcel# 04072700140000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-027123

DATE ISSUED: 06/06/2024
FEE NUMBER: 182670320

FIRST AND MIDDLE NAME(S): STEPHEN JON
LAST NAME(S): JACOBS

AKA: STEVE JACOBS

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: MAY 24, 2024

HOUR OF DEATH: 08:59 AM

SEX: MALE AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 26, 1945

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: GEORGIA COX

OCCUPATION: LABORER

INDUSTRY: YARD MAINTENANCE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: GEORGIA JACOBS

RELATIONSHIP: WIFE

ADDRESS: 52 SUMMER ROAD EXTENSION, CARSON, WASHINGTON

CAUSE OF DEATH:

A: AMYOTROPHIC LATERAL SCLEROSIS

INTERVAL: UNKNOWN

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: EMPHYSEMA, CHRONIC
OBSTRUCTIVE PULMONARY DISEASE (COPD)

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: 52 SUMMER ROAD EXTENSION

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 52 SUMMER ROAD EXTENSION

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 41 YEARS

FATHER: FRED JACOBS

MOTHER: LOUISE STEINHOFF

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: PARK HILL CEMETERY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: JUNE 07, 2024

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: ADDISON J. REDMOND

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: NOT APPLICABLE

CERTIFIER NAME: ADAM N. KICK, CORONER

TITLE: CORONER/ME

CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

DATE SIGNED: JUNE 05, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 24-03221

ATTENDING PHYSICIAN: GREGORY GARCIA, PHYSICIAN

LOCAL DEPUTY REGISTRAR: GERRI WEBER

DATE RECEIVED: JUNE 06, 2024

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

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.

*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.

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.

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

JUN 06 2024

Joel McCullough, M.D.
Klickitat County Health Department

Joel McCullough

