



00019647202400014840060060

**WHEN RECORDED RETURN TO:**

Kristina Tarasyuk

NW Legacy Law

1003 Officers Row

Vancouver, WA 98661

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)

Lack of Probate Affidavit

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

Skamania County

**GRANTOR(S):**

Real Estate Excise Tax

1. David Cowles

2.

N/A

OCT 09 2024

3. \_\_\_\_\_

4.

☐ Additional names on page \_\_\_\_ of document.

PAID

N/A

**GRANTEE(S):**

Skamania County Treasurer  
*[Signature]*

1. Sally Cowles

2.

3. \_\_\_\_\_

4.

☐ Additional names on page \_\_\_\_ of document.

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

NE1/4 of the NW1/4 of S29, T3N, R8E

☐ Complete legal on page \_\_\_\_ of document.

**Assessor's Property Tax Parcel #** 03082900020000

*LM 10/9/24*

☐ 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]*

Signature of Requesting Party

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

Return Address:

NW Legacy Law  
1003 Officers Row  
Vancouver, WA 98661

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Sally Cowles, being first duly sworn  
*Name of Affiant*  
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
property described below, and is wife  
*Relationship to decedent*  
of David Cowles, who died on 5/02/2024  
*Decedent/Grantor* *Date*  
at Vancouver Clark Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

NE 1/4 of the NW 1/4 of S29, T3N, R8E

Skamania County  
Real Estate Excise Tax

N/A

OCT 09 2024

PAID

N/A

Skamania County Treasurer  
*Monica [Signature]*

Assessor's Property Tax Parcel/Account Number: 03082900020000  
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of  
predeceased child or adopted child, parents, brothers and sisters of the decedent.  
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if  
necessary)

(Page 1 of 2)

Dated : October 2, 2024

Sally Cowles

*Affiant's full name*

(360) 546-1916

*Telephone number*

16000 NE 26th Court

<u>Ridgfield</u>	<u>WA</u>	<u>98642</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u></u>	<u>October 2, 2024</u>
<i>Signature</i>	<i>Date</i>

State of Washington County of Clark

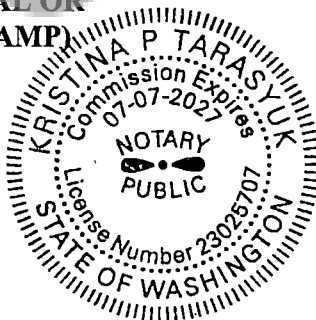
I know or have satisfactory evidence that Sally Cowles  
*(name of person)*

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10 / 02 / 2024

  
*Signature of Notary Public*

(SEAL OR  
STAMP)



Residing at: 1003 Officers Row, Vancouver, WA 98661

Notary Public in and for the State of Washington

My appointment expires: 07/07/2027

Exhibit A  
APN: 03082900020000

The Northeast Quarter of the Northwest Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPT the following described as follows:

BEGINNING at a point 100 feet West of the Quarter Corner on the North Line of the said Section 29, thence South 135 feet to the initial point of the tract hereby described; thence South 315 feet; thence West 185 feet; thence in a Northwesterly direction to a point which is 265 feet due West of the initial point; thence East 220 feet; thence north 135 feet to intersection with the North Line of the said Section 29; thence East 45 feet; thence South 135 feet to the initial point.

ALSO EXCEPT that portion thereof conveyed to John E. Jensen and Margaret Flagg Jensen, His wife, by deed dated November 14, 1956 and recorded at Book 42, Page 476, Skamania County Records, State of Washington.

ALSO EXCEPT that portion acquired by United States of America for Bonneville Power Administrations electric power transmission lines.

ALSO EXCEPT that portion conveyed to Skamania County by instrument recorded May 11, 1995 in Book 149, Page 849.

Skamania County Assessor

Date 10-9-24 Parcel# 03082900020000

LM

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-023065

DATE ISSUED: 05/15/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID EUGENE

LAST NAME(S): COWLES

COUNTY OF DEATH: CLARK

DATE OF DEATH: MAY 02, 2024

HOUR OF DEATH: 01:00 PM

SEX: MALE

AGE: 80 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JUNE 19, 1943

BIRTHPLACE: HOUSTON, TX

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SALLY KATHLEEN ROLLEFSON

OCCUPATION: COLLEGE PROFESSOR

INDUSTRY: EDUCATION - UNIVERSITIES/PROFESSIONAL

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: NO

INFORMANT: SALLY KATHLEEN COWLES

RELATIONSHIP: WIFE

ADDRESS: 16000 NE 26TH CT, RIDGEFIELD, WA 98642

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: LEGACY AT SALMON CREEK

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98686

RESIDENCE STREET: 16000 NE 26TH CT

CITY, STATE, ZIP: RIDGEFIELD, WA 98642-8220

INSIDE CITY LIMITS: NO

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER: LAURENCE GOLDEN COWLES

MOTHER: ALICE MAUDE SMITH

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LONGVIEW MEMORIAL PARK CREMATORY

CITY, STATE: LONGVIEW, WASHINGTON

DISPOSITION DATE: MAY 17, 2024

FUNERAL FACILITY: NORTHWOOD PARK FUNERAL HOME

ADDRESS: 16407 NE 15TH AVENUE

CITY, STATE, ZIP: RIDGEFIELD, WASHINGTON 98642

FUNERAL DIRECTOR: MICHAEL DAHL

LOCAL DEPUTY REGISTRAR: LAURA MANNING

DATE RECEIVED: MAY 14, 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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<b>Required</b>	<b>Required information must match current information on record</b>			
	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 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

## INSTRUCTIONS - go to [www.doh.wa.gov](http://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

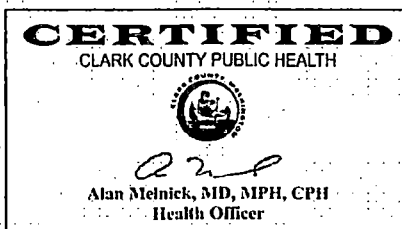
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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