

Request of: CLARK COUNTY TITLE



Return Address:

Robert Willard Tubbs
322 Hot Springs Ave
Carson W. 98610

Skamania County
Real Estate Excise Tax

W/A
DEC 09 2024

PAID N/A
Manama County Treasurer
M. Manana Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee ROBERT WILLARD TUBBS 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 THE SON
Relationship to decedent

of ALLENE FLORA OLIVER, who died on 8/26/2024
Decedant/Grantor *Date*

at CARSON SKAMANIA WA.
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

A TRACT OF LAND LOCATED IN THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 28, TOWNSHIP 8 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE NORTH LINE OF THE SAID SECTION 28,
EAST 364.85 FEET FROM THE NORTHWEST CORNER OF THE SAID
SECTION 28; THENCE SOUTH 160 FEET; THENCE WEST 44.6 FEET;
THENCE NORTH 160 FEET TO THE NORTH LINE OF SAID SECTION 28;
THENCE EAST 44.6 FEET TO THE POINT OF BEGINNING.

Assessor's Property Tax Parcel/Account Number: 0308282205100
(Attach full legal description of the property) Skamania County Assessor

Skamania County Assessor

☐ Decedent left no Last Will and Testament.

Date 12-9-24 Parcel# 03082822050100

☒ 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).

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ROBERT WILLARD TURBS

Full name, age, relationship, address

58 YEARS OLD. SON AND SOLE HEIR OF ALLENE
FLORA OLIVER, RESIDING AT 322 HOTSPRINGS AVE. CARSON
Full name, age, relationship, address WA. 98610

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12/3/2024

Robert Willard Tubbs
Affiant's full name

541-308-5342
Telephone number

222 Hot Springs Ave

CHARLOTT WASH 98610
City State Zip Code

[Signature] 12/3/24
Signature Date

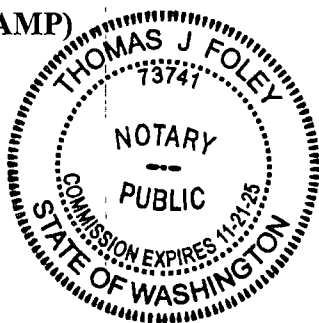
State of WASHINGTON County of SKEAMANIA

I know or have satisfactory evidence that ROBERT WILLARD TUBBS
(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: 12 / 3 / 2024

(SEAL OR
STAMP)



[Signature]
Signature of Notary Public

Residing at: VANCOUVER, WA.

Notary Public in and for the State of WA.

My appointment expires: 11 / 21 / 2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-042469

DATE ISSUED: 09/03/2024
FEE NUMBER: 187593279

FIRST AND MIDDLE NAME(S): ALLENE FLORA
LAST NAME(S): OLIVER

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: AUGUST 26, 2024
HOUR OF DEATH: 04:30 AM
SEX: FEMALE AGE: 99 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 24, 1925
BIRTHPLACE: MANILA, AR

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CLERICAL/CLERK
INDUSTRY: LAW - ENFORCEMENT/JUDICIAL SYSTEM
EDUCATION: UNKNOWN
US ARMED FORCES: NO

INFORMANT: ROBERT TUBBS
RELATIONSHIP: SON
ADDRESS: PO BOX 942, CARSON, WASHINGTON 98610

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: YEARS
B: HYPERTENSIVE HEART AND KIDNEY DISEASE
INTERVAL: YEARS
C: HYPERTENSION
INTERVAL: YEARS
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: DECEDENT'S HOME
FACILITY OR ADDRESS: 21 MATHANY RD
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 21 MATHANY RD
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: CLARANCE CLEGG
MOTHER: ZELLER BARRON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: SEPTEMBER 03, 2024

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: JOHN H. TRUMBULL

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: AIMEE CAMA, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 6410 NE HALSEY ST
CITY, STATE, ZIP: PORTLAND, OREGON 97213
DATE SIGNED: AUGUST 30, 2024

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

LOCAL DEPUTY REGISTRAR: LISA MITCHELL
DATE RECEIVED: SEPTEMBER 03, 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 |
|-------------------|------------|----------|------|------------------|

| | | | | |
|---|--|--|---|--|
| 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 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 foregoing is true and correct.

| | | | |
|--|--|--|--|
| 14a. Signature: Printed name: Date: | | 14b. Signature of 2 nd parent (if required): Printed name: 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

SEP 03 2024

Joel McCullough, M.D.
Klickitat County Health Department
Joel McCullough



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