

WHEN RECORDED MAIL TO:

Doug McKenzie
PO Box 273
North Bonneville, WA 98639

Skamania County, WA
Total: \$308.50
ALP
Pgs=6
Request of: COLUMBIA GORGE TITLE

2025-000331

03/05/2025 11:24 AM



DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit

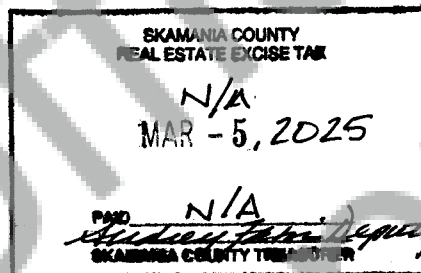
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Marlea McKenzie, deceased

GRANTEE(S):

Doug McKenzie, a widower



ABBREVIATED LEGAL DESCRIPTION:

Lot 4 PETERSON SP Bk 1/Pg 44

Full Legal Description Exhibit A attached on page 6

TAX PARCEL NUMBER(S):

02-07-16-3-0-0302-00

(Handwritten mark)

After recording, return to:

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

STATE OF WA)

COUNTY OF Skamania SS:

The undersigned, Doug McKenzie, executes this affidavit relating to the estate of Marla McKenzie (herein "Decedent"), who died on July 16, 24, in the County of Ska, State of WA, then being a resident of the City of No. Bonneville, County of Ska, State of WA. (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 Brian McKenzie Son

Name & relationship Kylan McKenzie Son

Name & relationship _____

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]

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: 2/14/, 2025

(Signature)

Doug McKenzie

(Print or type full name)

P.O. Box 273, 110. Bonneville, WA 98635

(Full address and telephone number)

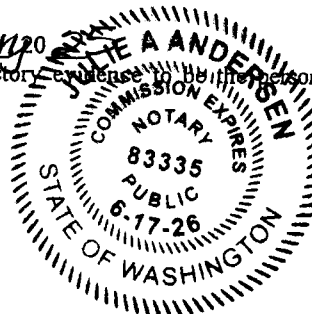
State of WA

County of Skamania

SUBSCRIBED and SWORN TO before me this 14 day of February 2025
by Doug McKenzie, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Julie A. Anderson

Notary Public in and for the State of WA
residing at Carson, WA



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-034432

DATE ISSUED: 07/18/2024

FEE NUMBER: 184954379

FIRST AND MIDDLE NAME(S): MARLEA KAY
LAST NAME(S): MCKENZIE

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JULY 16, 2024

HOUR OF DEATH: 11:02 AM

SEX: FEMALE

AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: APRIL 12, 1956

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DOUG MCKENZIE

OCCUPATION: CHIEF CIVIL DEPUTY

INDUSTRY: GOVERNMENT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DOUG MCKENZIE

RELATIONSHIP: SPOUSE

ADDRESS: PO BOX 273, NORTH BONNEVILLE, WA 98639

CAUSE OF DEATH:

A: SMALL CELL RIGHT LUNG CANCER, STAGE 4, PRIMARY LOCATION

INTERVAL: YEAR

B: METASTASES TO LEFT ADRENAL GLAND

INTERVAL: YEAR

C: METASTASES TO LYMPH NODES

INTERVAL: YEAR

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES

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: 2105 N. AALAVIK ROAD

CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639

RESIDENCE STREET: 2105 N. AALVIK ROAD

CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: JOSEPH BOYLE

MOTHER: EDITH BABINGTON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON

DISPOSITION DATE: JULY 18, 2024

FUNERAL FACILITY: ANDERSON'S TRIBUTE CENTER

ADDRESS: 1401 BELMONT AVENUE

CITY, STATE, ZIP: HOOD RIVER, OREGON 97031

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: YES

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: BRANDI L. O'BRIEN, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 6410 NE HALSEY ST

CITY, STATE, ZIP: PORTLAND, OREGON 97213

DATE SIGNED: JULY 17, 2024

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA MITCHELL

DATE RECEIVED: JULY 17, 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:	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

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

JUL 18 2024

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



EXHIBIT "A"

A tract of land in the Southwest Quarter of Section 16, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 4 of the K.W. PETERSON Short Plat, recorded in Book 1 of Short Plats, Page 44, Skamania County Records.

TOGETHER THEREWITH a tract of land in the Southwest Quarter of Section 16, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Being a portion of Lot 3 of the K.W. PETERSON Short Plat, recorded in Book 1 of Short Plats, Page 44, Skamania County Records, described as follows:

Beginning at the Southeast corner of Lot 4 of the K.W. PETERSON Short Plat, recorded in Book 1 of Short Plats, Page 44; thence South $33^{\circ} 24' 00''$ West along the East line of the K.W. PETERSON Short Plat, a distance of 80 feet; thence North $62^{\circ} 28' 26''$ West 316.54 feet to the West line of said Lot 3; thence North $58^{\circ} 19' 00''$ East 123.93 feet to the Southwest corner of said Lot 4; thence South $56^{\circ} 36' 00''$ East along said South line of said Lot 4 a distance of 262.67 feet, more or less, to the Southeast corner of said Lot 4 and the True Point of Beginning.

Skamania County Assessor

Date 3/5/25 Parcel# 2-7-16-3-302
[Signature]