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WHEN RECORDED MAIL TO:

Ronny Levan Truelove
PO Box 399
North Bonneville, WA 98639

DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**GRANTOR(S):**

Susan Leonore Truelove, deceased

Skamania County
Real Estate Excise Tax

N/A
JUN 30 2025

PAID

N/A
KSA, Deputy
Skamania County Treasurer

GRANTEE(S):

Ronny Levan Truelove, a widower

LEGAL DESCRIPTION:

Lot 13 of Block 8, PLAT OF RELOCATED NORTH BONNEVILLE, Recorded in Book B of Plats, Page 16, under Skamania County File No. 83466, also recorded in Book B of Plats, Page 32, under Skamania County File No. 84429, Records of Skamania County, Washington.

TAX PARCEL NUMBER(S):

02-07-20-3-4-1300-00

After recording, return to:
Ronny L Truelove
PO Box 399
N Bonnewille, WA
98639

Skamania County
Real Estate Excise Tax

N/A
JUN 30 2025

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, Andrea Truelove, executes this affidavit relating to the estate of Susan Truelove (herein "Decedent"), who died on 6/29/20, in the County of Clark, State of Washington, then being a resident of the City of N. Bonnewille, 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 Ben Truelove / spouse

Name & relationship Andrew Truelove / child

Name & relationship Mindy Truelove / child

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]
Lot 13 Block 8 City of N. Bonneville, WA 98039
70 x 14 Barrington 1978 Mobil Home

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.

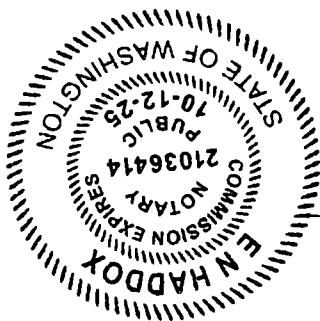
DATED: June 3, 2025

Andrew Truelove
(Signature)
Andrew Truelove
(Print or type full name)
PO Box 343 N. Bonneville, WA 98039
(Full address and telephone number) 260 521 0356

State of WA
County of Skamania

SUBSCRIBED and SWORN TO before me this 26th day of June, 2025,
by Andrew Truelove, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

En Haddox
Notary Public in and for the State of Washington
residing at Cusson



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-030150

DATE ISSUED: 07/10/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SUSAN LENORE

LAST NAME(S): TRUELOVE

COUNTY OF DEATH: CLARK

DATE OF DEATH: JUNE 29, 2020

HOUR OF DEATH: 04:39 PM

SEX: FEMALE

AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 14, 1956

BIRTHPLACE: PROSSER, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RON LEVAN TRUELOVE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: ANDREA TRUELOVE

RELATIONSHIP: DAUGHTER

ADDRESS: P.O. BOX 262, STEVENSON, WASHINGTON 98648

CAUSE OF DEATH:

A: SEPTIC SHOCK

INTERVAL: 3 DAYS

B: CLOSTRIDIUM DIFFICILE COLITIS

INTERVAL: 3 DAYS

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: HOSPITAL

FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 813 CELILO STREET

CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: RICHARD DOOLIN

MOTHER: MARILYN SAUNDERS

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LOWER COLUMBIA CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: JULY 06, 2020

FUNERAL FACILITY: CASCADIA CREMATION & BURIAL SERVICES

ADDRESS: 6303 E 18TH STREET STE A

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: KIMBERLY S ALBINANA

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NEHA DIDWANIYA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: JULY 01, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NEHA DIDWANIYA, MD

LOCAL DEPUTY REGISTRAR: KATHY

DATE RECEIVED: JULY 06, 2020

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 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:	
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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

- 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.

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.

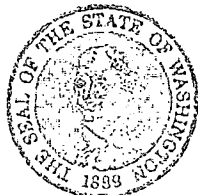
*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

Death Certificates

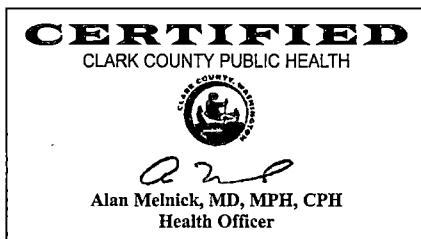
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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