



Return Address:

Clara Kraft  
372 Fairview Lane  
Washougal WA 98671

Skamania County  
Real Estate Excise Tax

N/A

JUL 15 2025

PAID

N/A

Skamania County Treasurer  
M. Monaghan Deputy

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Clara Kraft, 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 William Robert Kraft  
Decedent/Grantor

, who died on May 04 - 2024

Date

at Washougal

City

Skamania

County

WA  
State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

PTN of T2 R5, S31 E.W.M  
Skamania County

G.S.

02053110010000

Assessor's Property Tax Parcel/Account Number: 02053110010006  
(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)

Dated : 7-15-25

Affiant's full name

Clara Ada Kraft

Telephone number

360-619-8135

372 Fairview lane

WASHOUGAL

Street

WA

98671

City

State

Zip Code

Clara A. Kraft

Signature

Clara A. Kraft

7-15-2025

Date

State of Washington

County of Skamania

I know or have satisfactory evidence that

Clara A Kraft

(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: 7/15/2025

Leslie L Moore

Signature of Notary Public

(SEAL OR  
STAMP)

Residing at: Cash

Notary Public in and for the State of Washington

My appointment expires: 2/24/2028

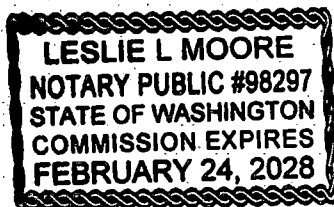


Exhibit A

That portion of the Northeast quarter of Section 31, Township 2 North, Range 5 East of the Willamette Meridian, more particularly described as follows:

BEGINNING at the Northeast corner of Section 31; thence West along the North line of said Section 78 rods; thence South 77-1/2 rods to the South line of a private road; thence West along the South line of said road 64 rods; thence South 5-1/2 rods to the South line fence (said fence being the South line of the tract conveyed by Frank L. and Clara Huckins, husband and wife, to Carl R. and Elsie M. Huckins, husband and wife, by warranty deed bearing date of May 12, 1942); thence East along the South line of said tract and the South line of the tract conveyed by said Frank L. and Clara Huckins, husband and wife, to Carl R. Huckins, by warranty deed bearing date of June 24, 1946, 92 rods; thence South 73 rods to the County Road; thence East 17.25 rods; thence North 73 rods; thence East 32.75 rods to the East line of said Section 31; thence North along the East line of said Section, 87 rods to the point of beginning, containing 54 acres, more or less.

TOGETHER WITH an easement for road and utility purposes over the private roadway mentioned above running from the property herein sold Westerly to the County Road, said road being 24' wide.

TOGETHER WITH mineral and water rights appurtenant to said property.

Skamania County Assessor

Date 7/15/25 Parcel# 2-5-31-1-100-00

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-021670

DATE ISSUED: 05/10/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM ROBERT  
LAST NAME(S): KRAFT

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: MAY 04, 2024  
HOUR OF DEATH: 09:45 PM  
SEX: MALE AGE: 90 YEARS  
SOCIAL SECURITY NUMBER [REDACTED]

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

BIRTH DATE: OCTOBER 21, 1933  
BIRTHPLACE: WORTHINGTON, MN

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CLARA ADA HUCKINS

OCCUPATION: SUPERVISOR  
INDUSTRY: PAPER MILL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: CLARA ADA KRAFT  
RELATIONSHIP: WIFE  
ADDRESS: 372 FAIRVIEW LANE WASHOUGAL, WA 98671

CAUSE OF DEATH:  
A: SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE

INTERVAL: UNKNOWN

B: HYPERTENSION  
INTERVAL: UNKNOWN

C: HYPERLIPIDEMIA  
INTERVAL: UNKNOWN

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: 372 FAIRVIEW LANE  
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 372 FAIRVIEW LANE  
CITY, STATE, ZIP: WASHOUGAL, WA 98671  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 43 YEARS

FATHER: WILLIAM HENRY KRAFT  
MOTHER: LORRAINE TERRIAN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SYNERGY CREMATORY LLC

CITY, STATE: PORTLAND, OREGON  
DISPOSITION DATE: MAY 08, 2024

FUNERAL FACILITY: STRAUB'S FUNERAL HOME AND COLUMBIA RIVER  
CREMATION

ADDRESS: 325 NE THIRD AVE  
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607  
FUNERAL DIRECTOR: CHRISTIAN M. DIERICKX

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: JENNIFER O'DONNELL, ARNP  
TITLE: ARNP  
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668  
DATE SIGNED: MAY 06, 2024

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

LOCAL DEPUTY REGISTRAR: LISA MITCHELL  
DATE RECEIVED: MAY 07, 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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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 <sup>nd</sup> parent (if required): Printed name: Date:	
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### 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

- 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)

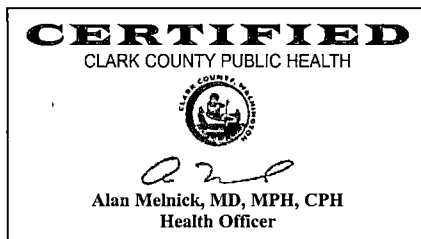
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To 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.



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