

2025-001284

08/14/2025 05:09 PM



After recording, return to:
Fawn Sheree Bligh
Estate of Hubert D. Smith
PO Box 711
Carson, WA 98610

Skamania County
Real Estate Excise Tax
N/A
AUG 18 2025

PAID N/A
Skamania County Treasurer

Grantor (Name of Decedent): Hubert D. Smith
Grantee (Heirs): Fawn Sheree Bligh
Abbreviated Legal Description: Lot 1 of Short Plat 3/58
Tax Parcel No.(s): 03082120210000 (D)

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

STATE OF Washington
COUNTY OF Skamania

The undersigned, Fawn Sheree Bligh, executes this affidavit relating to the estate of Hubert D. Smith (herein "Decedent"), who died on August 6, 2011, in the County of Skamania, State of Washington, then being a resident of the City of Carson, 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 a 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 (1) 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:) _____

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

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Danna Smith (wife), now deceased

Name and relationship: Fawn Sheree Bligh (child)

Name and relationship: James Smith - son

Name and 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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Signed by: 
981188417A208412...
Signature

Fawn Sheree Bligh

Print Name

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

State of Washington

County of Clark

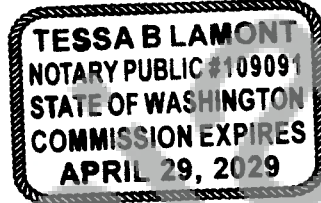
This record was acknowledged before me on 8/14/25 by Fawn Sheree Bligh as ~~Personal Representative~~ ^{new to} of Estate of Hubert D. Smith.

Tessa Blamont

(Signature of notary public)

Notary Public in and for the State of WA

My appointment expires: 4/29/29



Unofficial Copy

EXHIBIT A

Order No.: 612901035

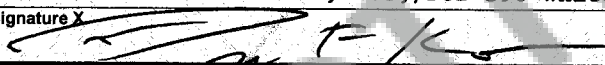

For APN/Parcel ID(s): 03082120210000

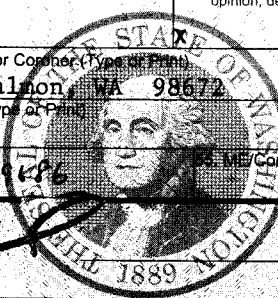
LOT 1 OF THE SMITH SHORT PLAT RECORDED UNDER BOOK "3" OF SHORT PLATS, PAGE 58, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

Unofficial
Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

571

| | | | | | |
|---|--------------------------------------|---|---|---|--|
| Washington State Certificate of Death | | | | State File Number | |
| Local File Number | | | | | |
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix Hubert Dale SMITH | | | 2. Death Date Aug. 6, 2011 | | |
| 3. Sex (M/F) Male | 4a. Age - Last Birthday 78 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number [REDACTED] | 6. County of Death Skamania |
| 7. Birthdate June 25, 1933 | | 8a. Birthplace (City, Town, or County) Vancouver | 8b. (State or Foreign Country) Washington | 9. Decedent's Education Bachelor's Degree | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No | | | 11. Decedent's Race(s) White | | 12. Was Decedent ever in U.S. Armed Forces? Yes |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 942 Smith Beckon Road | | | | 13b. City or Town Carson | |
| 13c. Residence: County Skamania | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country Washington | 13f. Zip Code + 4 98610 |
| 14. Estimated length of time at residence. 41 Years | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Danna Lou Bradshaw | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Business Owner | | | 18. Kind of Business/Industry (Do not use Company Name) Hardware | | |
| 19. Father's Name (First, Middle, Last, Suffix) Clyde Smith | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Catherine James | | |
| 21. Informant's Name Danna Smith | | 22. Relationship to Decedent Wife | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 615 Carson, WA 98610 | |
| 24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence | | | 25. Facility Name (if not a facility, give number & street or location) 942 smith Beckon Road | | |
| 25. Facility Name (if not a facility, give number & street or location) 942 smith Beckon Road | | | 26a. City, Town, or Location of Death Carson | | 26b. State WA |
| 26b. State WA | | | 27. Zip Code 98610 | | |
| 28. Method of Disposition Cremation | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory | | 30. Location-City/Town, and State White Salmon, Washington | |
| 31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main, Ave./POB 390 White Salmon, WA 98672 | | | | | 32. Date of Disposition Aug. 12, 2011 |
| 33. Funeral Director Signature X  | | | | | |
| Cause of Death (See Instructions and examples) | | | | | |
| 34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → Failure to Thrive | | | Interval between Onset & Death 2 months | | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | | | Due to (or as a consequence of): | | Interval between Onset & Death |
| | | | Newly Diagnosed Lymphoma | | 5 years |
| | | | Due to (or as a consequence of): | | Interval between Onset & Death |
| | | | | | Interval between Onset & Death |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 41. Date of Injury (MM/DD/YYYY) | | 42. Hour of Injury (24hrs) | | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | |
| 44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | | | | |
| 45. Location of Injury: Number & Street: Apt No. | | | | | |
| City or Town: | | County: | | State: Zip Code+ 4: | |
| 46. Describe how injury occurred | | | | 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | |
| 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. Ray FitzSimmons MD | | | 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print) Ray FitzSimmons POB 1519 White Salmon, WA 98672 | | | | 50. Hour of Death (24hrs) 1200 | |
| 51. Name and Title of Attending Physician if other than Certifier (Type of Print) | | | | 52. Date Signed (MM/DD/YYYY) 08/09/2011 | |
| 53. Title of Certifier MD | | 54. License Number MO 0001486 | | 55. ME/Coroner File Number | |
| 57. Registrar Signature  | | | | 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 59. Amendments | | | | 58. Date Received (MM/DD/YYYY) AUG 12 2011 | |





Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

| | | | | |
|-------------------|-------------|----------|------|------------------|
| State File Number | File Number | Initials | Date | Affidavit Number |
|-------------------|-------------|----------|------|------------------|

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth, Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

If the record is incorrect or incomplete as follows:

| The Record now shows | The True fact is: |
|----------------------|-------------------|
| 6. _____ | 7. _____ |
| 8. _____ | 9. _____ |
| 10. _____ | 11. _____ |
| 12. _____ | 13. _____ |

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify) _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as required. An item may be changed by affidavit only once. Subsequent changes must be made by court order.
All changes must be established by documentary proof submitted with the affidavit.
 Examples of documentary proof: Certificate of Naturalization, Medical Record, School Transcripts, Hospital Records, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
 1. Only a parent, legal guardian, grandparent, or the registrant (if 18 or older) may change the birth certificate.
 2. The proof (by name of document) must show the name of the person making the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary Ann Doe is not correct. Above the name is Mary Ann Doe.
 3. Proof must be for the name you are requesting. Names attached for five years or more.
 4. Up to age 18, the parent(s) of the child can change the child's last name with an affidavit for correction, provided:
 - This is a minor birth record and requested changes will require a verified copy of a court-ordered name change.
 - Affidavit must be signed by the mother, father, or both (if present on the certificate) or any combination of the two.
 - After age 18, name changes require a court order and are processed through the courts. Minor spelling changes may be made with an affidavit and documentary proof.
 5. Parents may change the child's first or middle name by signing and filing an affidavit for correction (until their child's 18th birthday).
 6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:
 1. Only the informant, executor, administrator, or executors/administrators (if evidence of holding such position is presented) may change the non-medical information.
 2. The medical information may be changed by the registrant, physician or the coroner/medical examiner.
 3. If it is less than sixty days from date of death, the registrant may contact the health department where the death occurred to make changes.
Marriage/Dissolution (Divorce) Certificates:
 1. Personal facts (minor spelling changes) may be changed by affidavit (with proof) by the person.
 2. To change the date or place of marriage or date of divorce (dissolution) must sign the affidavit.

CERTIFIED

DOH/CHS 023a 6/11/10

AUG 15 2011

Alan Melnick
 Alan Melnick
 Health Officer
 Skamania Co. Public Health

UU00109507



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

| | | | | |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

| | |
|-----|-----|
| 6. | 7. |
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

| | | |
|----------------------|-----------------|--------------------|
| 15. Signature: _____ | 16. Date: _____ | 17. Address: _____ |
|----------------------|-----------------|--------------------|

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof:

| | | |
|-------------------------------|--------------------------|--|
| Certificate of Naturalization | Medical Record | School Transcripts |
| Hospital Records | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| Insurance Records | Birth Record | Alien Registration Card (front and back) |
| Marriage/Divorce Records | Passport | We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate. |

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

DOH/CHS 023a 6/11/10

AUG 15 2011

Arian Melnick
Arian Melnick
Health Officer
Skamania Co. Public Health

UU00109507