



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

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:



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 of Estate of Hubert D. Smith.
Heir to

Fawn Bligh

(Signature of notary public)

Notary Public in and for the State of WA.

My appointment expires: 4/19/21



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

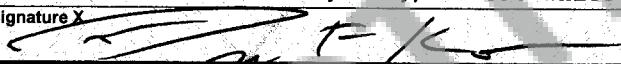
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

5+

Local File Number

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any)	First	Middle	LAST	Suffix	2. Death Date
Hubert Dale SMITH				Aug. 6, 2011	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months	4c. Under 1 Day Hours	5. Social Security Number	6. County of Death
Male	78				Skamania
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
June 25, 1933	Vancouver	Washington	Bachelor's Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes			
No	White				
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)	13b. City or Town				
942 Smith Beckon Road	Carson				
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania		Washington	98610	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
41 Years	Married	Danna Lou Bradshaw			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))	18. Kind of Business/Industry (Do not use Company Name)				
Business Owner	Hardware				
19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)				
Clyde Smith	Catherine James				
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No	City or Town	State	Zip
Danna Smith	Wife	PO Box 615	Carson, WA	98610	
24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:				
Decedent's Residence					
25. Facility Name (if not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code		
942 smith Beckon Road	Carson	WA	98610		
28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State			
Cremation	Columbia River Crematory	White Salmon, Washington			
31. Name and Complete Address of Funeral Facility	32. Date of Disposition				
Gardner Funeral Home 1270 N. Main, Ave.,/POB 390 White Salmon, WA 98672	Aug. 12, 2011				
33. Funeral Director Signature 					
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) →		Due to (or as a consequence of): <i>Failure to Thrive</i>			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the		Due to (or as a consequence of): <i>Non-Hodgkin Lymphoma</i>			
UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Due to (or as a consequence of): <i>None</i>			
d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?	
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female	40. Did tobacco use contribute to 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		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death	<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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.					
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 or 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 or Print)					
52. Date Signed (MM/DD/YYYY) 08/09/2011					
53. Title of Certifier MD		54. License Number MB 0001498	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 					
58. Date Received (MM/DD/YYYY) AUG 12 2011					
59. Amendments					



Affidavit for Correction

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

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

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution	1. Name on record:	2. Date of Event	3. Place of Event: (City or County)	

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

This 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: HS. 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 documentation: Certificate of Naturalization

Medical Record

School Transcripts

Hospital Records

Military Record (DD-214)

Voter's Registration Card (if it bears an effective date)

Birth Certificate

Death Certificate

Motor Registration Card (front and back)

Marriage Certificate

Social Security Card

V.A. Card Driver's License Social Security card or a

Hospital Discharge Certificate

Birth Certificate

Hospital Discharge Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate

Death Certificate

Death Certificate

Death Certificate

Marriage Certificate

Marriage Certificate

Marriage Certificate

Social Security Card

Social Security Card

Social Security Card

Driver's License

Driver's License

Driver's License

Birth Certificate

Birth Certificate

Birth Certificate



Affidavit for Correction

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

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
-------------------	------------	----------	------	------------------

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 Telephone Number:

Funeral Director

Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing 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

Hospital Records

Insurance Records

Marriage/Divorce Records

Medical Record

Military Record (DD-214)

Birth Record

Passport

School Transcripts

Voter's Registration Card (if it bears an effective date)

Alien Registration Card (front and back)

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

AUG 15 2011

Alan Melnick
Health Officer
Skamania Co. Public Health

UU00109507