



00022039202500012850070077

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

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

PAID N/A
M. Monaghan Deputy

Grantor (Name of Decedent): Danna Smith

Grantee (Heirs): Fawn Sheree Bligh

Abbreviated Legal Description: Lot 1 of Short Plat 3/58

Tax Parcel No.(s): 03082120210000 per

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF Skamania

The undersigned, Fawn Sheree Bligh, executes this affidavit relating to the estate of Danna Smith (herein "Decedent"), who died on December 20, 2024, in the County of Hood River, State of Oregon, 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: Fawn Sheree Bligh (child)

Name and relationship: James Smith - son

Name and relationship: _____

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: 
98116841A208412...
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 Danna Smith.~~

Tessa Blamont
heir to

(Signature of notary public)

Notary Public in and for the State of WA

My appointment expires: 4/29/29

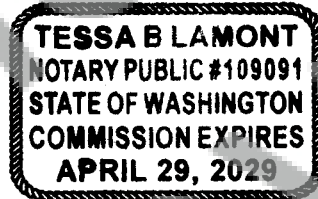


EXHIBIT A

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.

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STATE OF OREGON

CERTIFICATION OF VITAL RECORD



1115198
I.D. TAG NO

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name Danna First Middle Last			2. Death Date December 20, 2024		
3. Sex Female		4. Age 82 years		5. Social Security Number	
7. Birthdate July 05, 1942		8. Birthplace Peggs, Oklahoma		9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No			11. Decedent's Race(s) AIAN - Cherokee		12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 942 Smith Beckon Road			14. City/Town Carson		
15. Residence County Skamania		16. State or Foreign Country Washington		17. Zip Code + 4 98672	18. Inside City Limits? No
19. Marital Status at Time of Death Widowed			20. Spouse's Name Prior to First Marriage		
21. Usual Occupation Florist			22. Kind of Business/Industry Flower Shop		
23. Father's Name Louie Bradshaw			24. Mother's Name Prior to First Marriage Gertie Bruce		
25. Informant's Name Fawn Bligh		26. Telephone Number Not Available	27. Relationship to Decedent Daughter	28. Mailing Address PO Box 711, Carson, WA 98610	
29. Place of Death Hospital-Emergency Room/Outpatient		30. Facility Name Providence Hood River Memorial Hospital			
31. Location of Death 811 13th Street		32. City/Town or Location of Death Hood River		33. State Oregon	34. Zip Code + 4 97031
35. Method of Disposition Cremation		36. Place of Disposition Columbia Gorge Cremation		37. Location Hood River, Oregon	
38. Name and Complete Address of Funeral Facility Gardner Funeral Home 156 NE Church Avenue, White Salmon, Washington 98672					
39. Date of Disposition December 23, 2024		40. Funeral Director's Signature <i>Jack Trumbull</i>		41. OR License Number FS-3807	42. Registrar's Signature <i>Angela Pabell</i>
		43. Date Received JAN 09 2025		44. Local File Number	
45. Amendment					
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				49. Time of Death 0224	
CAUSE OF DEATH					
50. 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.					Approximate Interval: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE <i>Acute Myocardial Infarction</i>			<i>10 hours</i>
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓			<i>24 hr</i>
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓			<i>24 hr</i>
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <i>HTN, DM, CAD, Hypertension</i>					
52. Manner of Death		53. If Female		54. Did tobacco use contribute to death?	
		<input type="checkbox"/> Not pregnant in past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant in past year <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> No pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify:	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
				58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)					
60. Describe how injury occurred				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) <i>Dr. Steven C. 975 56 Rock Creek Dr. Stevenson WA 99178</i>					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier		65. License Number		66. Date Signed (MM/DD/YYYY)	
		<i>PA 10-0515</i>		<i>12-24-2024</i>	
67. Medical Examiner - 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.					
69. Amendment					

7925629

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

JAN 09 2025

DATE ISSUED:

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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