



After Recorded Return To:

Grant C. Broer  
Broer & Passannante, P.S.  
8904 NE Hazel Dell Avenue  
Vancouver, WA 98665

Skamania County  
Real Estate Excise Tax  
N/A  
OCT 15 2025

PAID N/A  
~~PAID Skamania County Treasurer  
10/15/2025~~

DOCUMENT TITLE(S) Affidavit (Lack of Probate)

REFERENCE NUMBER(S) OR RELATED DOCUMENT(S)

GRANTOR(S) Jacquelyn A. Jones

GRANTEE(S) Harold R. Jones, now deceased so to Judy Greer, Personal Representative  
of the Estate of Harold R. Jones

LEGAL DESCRIPTION (abbreviated form: i.e., lot, block, plat, section, township, range,  
quarter)

Lot 15 Swift Creek Estates BK B/PG 72

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 07063522011500

2m 10-15-25

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

STATE OF WASHINGTON )  
                          )  
County of Clark      )

The undersigned, Judy Greer, executes this affidavit relating to the estate of Jacquelyn A. Jones (herein "Decedent") who died on October 11, 2020, in Clark County, Washington, then being a resident of the city of Battle Ground, Washington, Clark County, 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.
2. Relationship of the Affiant to the Decedent: The undersigned is a surviving child of the Decedent, and the Personal Representative of the estate of the Decedent's spouse, Harold Robert Jones.
3. Names of All Heirs of the Decedent: That all the heirs at law of the decedent that were living at the time of decedent's death are listed below:

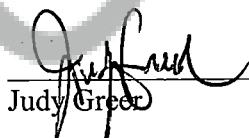
<u>Name</u>	<u>Relationship</u>
Harold Robert Jones	Spouse (now deceased)
Judy Greer	Child
Becky Schippers	Child
Paula Edgley	Child

4. Description of the Property: 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:

Lot 15 Swift Creek Estates, according to the recorded plat thereof, recorded in Book B of plats, page 72 in the County of Skamania, State of Washington.

5. Status of the Will (if any): 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.

 (RP)  
\_\_\_\_\_  
Judy Greer

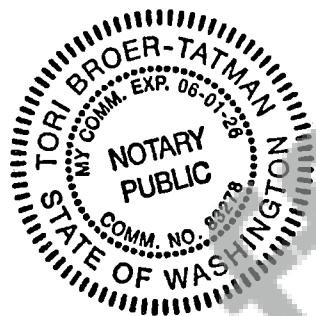
Skamania County Assessor

Date 10-15-25 Parcel# 07063522011500  
\_\_\_\_\_  
Zm

STATE OF WASHINGTON )  
                         ) ss.  
County of Clark      )

On this 3 day of September, 2025, before me, the undersigned, a Notary Public in and for the state of Washington, duly commissioned and sworn, personally appeared JUDY GREER who executed the within and foregoing instrument and acknowledged said instrument to be her free and voluntary act and deed for the uses and purposes therein mentioned; and on oath stated that she was authorized to execute the said instrument.

In Witness Whereof, I have hereunto set my hand and official seal the day and year first above written.



Tori Broer-Tatman  
NOTARY PUBLIC for the State of Washington  
Residing at: Vancouver WA  
My Commission Expires: 6/7/26

unnotarized  
copy

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-047614

DATE ISSUED: 12/11/2020

FIRST AND MIDDLE NAME(S): JACQUELYN ANN  
LAST NAME(S): JONES

FEES NUMBER:

COUNTY OF DEATH: CLARK  
DATE OF DEATH: OCTOBER 11, 2020  
HOUR OF DEATH: 09:50 PM  
SEX: FEMALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER: 507-34-0500

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

BIRTH DATE: NOVEMBER 22, 1937  
BIRTHPLACE: YAKIMA, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: HAROLD ROBERT JONES

OCCUPATION: DISPATCHER  
INDUSTRY: TRUCKING INDUSTRY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: HAROLD R JONES  
RELATIONSHIP: HUSBAND  
ADDRESS: 8411 N.E. 293RD STREET, BATTLE GROUND, WA 98604

CAUSE OF DEATH:  
A: ESOPHAGEAL CANCER  
INTERVAL: YEARS  
B:  
INTERVAL:  
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: HOME  
FACILITY OR ADDRESS: 8411 N.E. 293RD STREET  
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604

RESIDENCE STREET: 8411 N.E. 293RD STREET  
CITY, STATE, ZIP: BATTLE GROUND, WA 98604  
INSIDE CITY LIMITS: NO COUNTY: CLARK  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 42 YEARS

FATHER: CARROL JEWETT  
MOTHER: MARY LOUISE LAWS

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: LEWISVILLE CEMETERY

CITY, STATE: BATTLEGROUND, WASHINGTON  
DISPOSITION DATE: OCTOBER 20, 2020

FUNERAL FACILITY: LAYNE'S FUNERAL HOME INC

ADDRESS: PO BOX 7  
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604  
FUNERAL DIRECTOR: DENTON F HARLAN

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: JASMINE S. CHOWDHURY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD  
CITY, STATE, ZIP: VANCOUVER, WA 98668  
DATE SIGNED: OCTOBER 12, 2020

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LINDA L. POLAND  
DATE RECEIVED: OCTOBER 15, 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	
<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	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	2. Date of Event:	3. Place of Event:	
	First		Middle	Last/Maiden	MM/DD/YYYY	(City or County)
	6. Name of Person Requesting Correction:		Relationship to	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
			Person on Record:	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Hospital <input type="checkbox"/> Other (specify) _____
7. Return Mailing Address: PO Box or Street Address _____ City _____ State _____ Zip _____						
Telephone Number: ( ) _____ Email Address: _____						
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>						
The record currently shows:			The true fact is:			
8. _____			9. _____			
10. _____			11. _____			
12. _____			13. _____			
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.</b>						
14a. Signature: _____			14b. Signature of 2 <sup>nd</sup> parent (if required): _____			
Printed name: _____		Date: _____	Printed name: _____		Date: _____	
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>						
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:						
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>						
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>						
<b>Birth Certificates</b> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. <b>The proof(s) must match the asserted fact(s).</b> For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.</li> <li>3. Proof documentation must be five or more years old or established within five years of birth.</li> <li>4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).</li> </ol>						
<b>Child under 18</b> <ol style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• Up to age one or up to one year following the filing of an Acknowledgement 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ol> <p>*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.</p>						
<b>Death Certificates</b> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> </ol>						
<b>Marriage/Dissolution (Divorce) Certificates</b> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.</li> </ol>						



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



9 6 1 1 5 1 1

DATE ISSUED: 05/19/2022

FEES NUMBER:

CERTIFICATE NUMBER: 2022-025207

FIRST AND MIDDLE NAME(S): HAROLD ROBERT  
LAST NAME(S): JONES

COUNTY OF DEATH: CLARK  
DATE OF DEATH: MAY 12, 2022  
HOUR OF DEATH: 02:00 PM  
SEX: MALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JANUARY 04, 1933  
BIRTHPLACE: SALT LAKE CITY, UT

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BUSINESS OWNER  
INDUSTRY: TRANSPORTATION  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

INFORMANT: BECKY SCHIPPERS  
RELATIONSHIP: DAUGHTER  
ADDRESS: 720 S 19TH PLACE, RIDGEFIELD, WA 98642

CAUSE OF DEATH:

A: SUBCORTICAL MICROVASCULAR ISCHEMIC OCCLUSIVE DISEASE  
INTERVAL: YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBROVASCULAR  
ACCIDENT

DATE OF INJURY:

TIME 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: 8411 NE 293RD STREET  
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604

RESIDENCE STREET: 8411 NE 293RD STREET  
CITY, STATE, ZIP: BATTLE GROUND, WA 98604  
INSIDE CITY LIMITS: NO COUNTY: CLARK  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: HAROLD FOSTER JONES  
MOTHER: ALTA MERRILL

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: LEWISVILLE CEMETERY

CITY, STATE: BATTLEGROUND, WASHINGTON  
DISPOSITION DATE: MAY 24, 2022

FUNERAL FACILITY: LAYNE'S FUNERAL SERVICES INC

ADDRESS: PO BOX 7  
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604  
FUNERAL DIRECTOR: JAMES WALDROUPE

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: JASMINE S. CHOWDHURY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 5400 MACARTHUR BLVD

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668

DATE SIGNED: MAY 16, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ANDREA R. LEE

DATE RECEIVED: MAY 17, 2022



# 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	
<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	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 forgoing is true and correct.**

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:	Date:	Printed name:	Date:

## 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

1. 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.
2. 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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. 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 Acknowledgement 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

### Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

**CERTIFIED**

  
A 20  
Alan Melnick  
Health Officer  
Clark County Public Health

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



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