

Skamania County, WA
Total: \$309.50
ALP
Pgs=7

2025-001614

10/15/2025 11:47 AM

Request of: GRANT C BROER



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

Skamania County Treasurer
[Signature]

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

Lim 10-15-25

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:

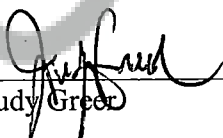
<u>Name</u>	<u>Relationship</u>
Harold Robert Jones	Spouse (now deceased)
Judy Greer	Child
Becky Schippers	Child
Paula Edgley	Child

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 # 02063522011500
Lm

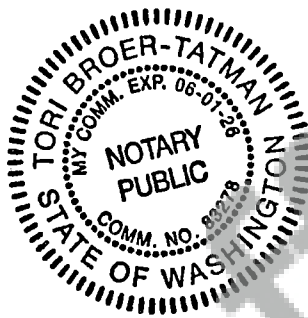
STATE OF WASHINGTON)

) 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: 6/1/26

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-047614

DATE ISSUED: 12/11/2020
FEE NUMBER:

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

COUNTY OF DEATH: CLARK
DATE OF DEATH: OCTOBER 11, 2020
HOUR OF DEATH: 09:50 PM

SEX: FEMALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: ██████████

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
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Required	Required information must match current information on record			
	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:

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 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to 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 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.

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.

*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.

Death Certificates

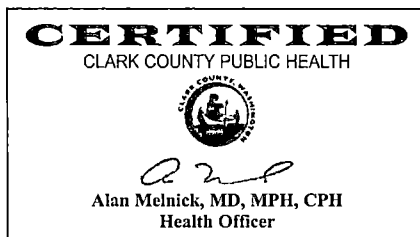
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



0 4 6 0 5 7 4 6

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-025207

DATE ISSUED: 05/19/2022

FEE NUMBER:

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:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTRY:

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

Mail to: **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

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Telephone Number: () Email Address:				

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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 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

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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

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health

