



00022829202600018920060067

Return Address:

ROBY D. SARGENT
41 HOBBIT RD.
WASHOUGAL, WA 98671

Skamania County
Real Estate Excise Tax

N/A
NOV 25 2025

PAID N/A
KSA Skamania County Treasurer
Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee ROBY D. SARGENT, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is WIFE
Relationship to decedent

of JOHN E. SARGENT, who died on 6/29/24
Decedent/Grantor Date

at WASHOUGAL SKAMANIA WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

SEC 32 T02 R05

Assessor's Property Tax Parcel/Account Number: 0205322 20050300
(Attach full legal description of the property) SEE EXHIBIT 'A'

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of)

Dated: 10/31/25

ROBY DENISE SARGENT

Affiant's full name

(929) 557-5190

Telephone number

41 HOBBIT Rd.

WASHOUGAL ^{City} WA ^{State} 98671 ^{Zip Code}

Roby D. Sargent ^{Signature} 10/31/25 ^{Date}

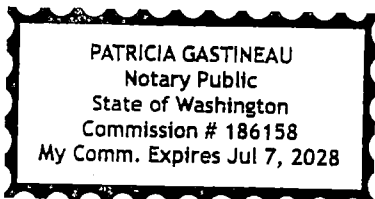
State of WASHINGTON County of SKAMANIA

I know or have satisfactory evidence that ROBY D. SARGENT ^(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/31/25

(SEAL OR
STAMP)



Patricia Gastineau ^{Signature of Notary Public}

Residing at: Clark County

Notary Public in and for the State of Washington

My appointment expires: 07/17/2028

EXHIBIT 'A'

That portion of the West Half of Section 32, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 4 of the Malfait Short Plat No. 3, recorded in Book 2 of Short Plats, Page 220, Skamania County Records.

Skamania County Assessor

Date 11-25-25 Parcel# 02053220050300
2M

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TYPE/PRINT
IN
PERMANENT
BLACK INK

74584
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
APPLICATION, LICENSE, AND RECORD OF MARRIAGE

136-

00-002172
State File Number

LICENSE EFFECTIVE

ON OR AFTER February 13, 2000

COUNTY WASHINGTON

GROOM	1. GROOM'S NAME	First JOHN	Middle ERNEST	Last SARGENT
	2. BIRTHPLACE (State or Foreign Country)	PORTLAND, OREGON		
	3. DATE OF BIRTH (Month, Day, Year)	FEB. 23, 1953		
	4. AGE	46		
	5. SEX	Male		
BRIDE	6. OCCUPATION	Male CONTRACTOR		
	7. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)	DIVORCED		
	8a. FATHER'S NAME (First, Middle, Last)	ERNEST LEROY SARGENT		
	8b. BIRTHPLACE (State or Foreign Country)	CHICAGO, ILLINOIS		
	9a. MOTHER'S NAME (First, Middle, Maiden Surname)	Cecile MARGARET JENKINS		
SIGNATURES	9b. BIRTHPLACE (State or Foreign Country)	Vancouver, Washington		
	10. GROOM'S ADDRESS	1226 SW Spring Garden Portland Multnomah OR 97219		
	11. If affidavit is required as proof of age, the name and address of the affiant.	OREGON		
	12a. BRIDE'S NAME	First Roberta	Middle Denise	Last Monaco
	12b. MAIDEN SURNAME (If Different)	Karl		
CEREMONY	12c. PREVIOUS NAME (If Different)			
	13. BIRTHPLACE (State or Foreign Country)	Brooklyn, NY		
	14. DATE OF BIRTH (Month, Day, Year)	Feb. 7, 1955		
	15. AGE	45		
	16. SEX	Female		
LOCAL OFFICIAL	17. OCCUPATION	Female TECHNICIAN		
	18. PREVIOUS MARITAL STATUS (Single, Widowed, Divorced)	Divorced		
	19a. FATHER'S NAME (First, Middle, Last)	Gabriel Tully Karl		
	19b. BIRTHPLACE (State or Foreign Country)	New York, New York		
	20a. MOTHER'S NAME (First, Middle, Maiden Surname)	Sydelle TOLA KARL		
LOCAL OFFICIAL	20b. BIRTHPLACE (State or Foreign Country)	New York, NY		
	21. BRIDE'S ADDRESS	12360 SW KNOLL DR. TIGARD WASHINGTON OR 97223		
	22. If affidavit is required as proof of age, the name and address of the affiant.	OREGON		
	WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE			
	23. GROOM'S LEGAL SIGNATURE	John E. Sargent		
LOCAL OFFICIAL	24. BRIDE'S LEGAL SIGNATURE	Roberta D. Monaco		
	NEITHER YOU NOR YOUR SPOUSE IS THE PROPERTY OF THE OTHER. THE LAWS OF THE STATE OF OREGON AFFIRM YOUR RIGHT TO ENTER INTO MARRIAGE AND AT THE SAME TIME TO LIVE WITHIN THE MARRIAGE FREE FROM VIOLENCE AND ABUSE.			
	This License Authorizes the Marriage in this State of the Parties Named Above by Any Person Duly Authorized to Perform a Marriage Ceremony Under the Laws of the STATE OF OREGON.			
	25. LICENSE EXPIRES (Month, Day, Year)	April 12, 2000		
	26. DATE LICENSE ISSUED	Feb. 10, 2000		
LOCAL OFFICIAL	27. SIGNATURE OF ISSUING OFFICIAL	K. Gladden		
	28. TITLE OF ISSUING OFFICIAL	Deputy Clerk		
	29. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON - MONTH, DAY, YEAR/TIME	February 14, 2000 1:30p		
	30a. WHERE MARRIED - CITY, TOWN/LOCATION	Cape Lookout		
	30b. COUNTY	Tillamook OREGON		
LOCAL OFFICIAL	31a. SIGNATURE OF PERSON PERFORMING CEREMONY	Gayle VRLA		
	31b. NAME (Type/Print)	GAYLE VRLA		
	31c. TITLE	Minister		
	31d. COUNTY WHERE AUTHORITY IS RECORDED	Washington		
	31e. ADDRESS OF PERSON PERFORMING CEREMONY	5636 N Delaware Ave Portland 97217		
LOCAL OFFICIAL	32. WITNESS NAME AND FULL ADDRESS	JEAN SACCENTI 4792 LINDSEY DR NE SALEM, OR 97305		
	33. WITNESS NAME AND FULL ADDRESS	Richard C. Lucero 1202 Gales Creek Road Forest Grove, OR 97116		
	34. SIGNATURE OF COUNTY CLERK OR DIRECTOR	JERRY H. HANSON, Director Assessment & Taxation		
	35. DATE FILED BY LOCAL OFFICIAL (Month, Day, Year)	FEB 23 2000		
	36. REEL	152 PAGE 125		

APPLICANT DO NOT WRITE BETWEEN THESE LINES- OFFICIAL USE ONLY

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.

SEP 20 2024

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-042671

DATE ISSUED: 09/05/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN ERNEST
LAST NAME(S): SARGENT

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JUNE 29, 2024
HOUR OF DEATH: 10:30 PM
SEX: MALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: FEBRUARY 23, 1953
BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ROBERTA D KARL

OCCUPATION: WHEELCHAIR TLC
INDUSTRY: DRIVING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: ROBY D SARGENT
RELATIONSHIP: WIFE
ADDRESS: 41 HOBBIT HILL RD WASHOUGAL WA 98671

CAUSE OF DEATH:
A: LIVER MASS, UNKNOWN ETIOLOGY
INTERVAL: >4 WEEKS

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 41 HOBBIT HILL RD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 41 HOBBIT HILL RD
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

FATHER: ERNEST LEROY SARGENT
MOTHER: CECILE MARGARET JENKINS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: SEPTEMBER 04, 2024

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE -
VANCOUVER
ADDRESS: 605 E. BARNES STREET SUITE 206
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661
FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JASMINE S. CHOWDHURY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
DATE SIGNED: JULY 01, 2024

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA MITCHELL
DATE RECEIVED: SEPTEMBER 04, 2024

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

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
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Telephone Number: ()	Email Address:
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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.
- 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

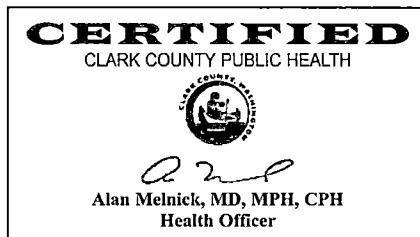
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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