



**WHEN RECORDED MAIL TO:**

Columbia Gorge Title  
41 SW Russell Ave.  
Stevenson, WA 98648  
(509) 427-5681

**DOCUMENT TITLE(S)**

Lack of Probate Affidavit

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR(S):**

Virgil Malcom Frank, deceased

Skamania County  
Real Estate Excise Tax

N/A  
DEC 01 2025

**GRANTEE(S):**

Stephanie D. Frank

PAID

N/A  
Skamania County Treasurer  
*Monaghan*

**ABBREVIATED LEGAL DESCRIPTION:**

A tract of land in the South Half of the Northwest Quarter of Section 31, 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 HEMLOCK CREEK ESTATES Short Plat, recorded in Auditor's File No. 2008171686, Records of Skamania County.

**TAX PARCEL NUMBER(S):**

02-05-31-2-0-0900-00

Skamania County Assessor

Date 12-1-25 Parcel# 02053120090000  
ym

Return Address:

Stephanie Frank  
1108 N A Street  
Couderdelene, ID 83814

State of WA

County of Clark

**LACK OF PROBATE AFFIDAVIT**

BEFORE ME, this undersigned authority, on this day personally appeared Stephanie D. Frank Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.

2. The full name of the decedent is: Virgil Malcolm Frank

3. The decedent died on 6/19/2024 (date) at Kent (City), King (County), WA (State).

4. My/Our relationship to the decedent is as follows:

Spouse

5. I am / We are the rightful heirs to the property described herein.

6. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal: Lot 4 Hemlock Creek Estates S/P A/F #2008171686

Tax ID Number: 02053120090000

7. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.

8. The deceased is survived by the following heirs:

Full Name Stephanie Diane Frank Age 58, Relationship Spouse

Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_

Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_

Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_

Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_

Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_

Full Name \_\_\_\_\_, Age \_\_\_\_\_, Relationship \_\_\_\_\_

Stephanie Frank  
Affiant's Signature

Stephanie Frank  
Printed Name of Affiant

\_\_\_\_\_  
Address

State of: WA

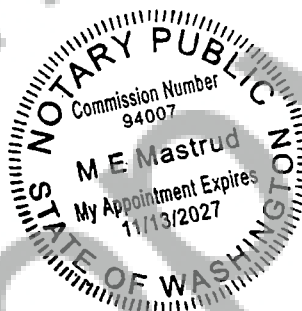
County of: Clark

I certify that I know or have satisfactory evidence that Stephanie Frank is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 11.26.25 Signature: [Signature]

[Signature]  
\_\_\_\_\_  
Title

My appointment expires: 11.13.27  
Seal or Stamp



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-029874

DATE ISSUED: 06/25/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIRGIL MALCOM

LAST NAME(S): FRANK

COUNTY OF DEATH: KING

DATE OF DEATH: JUNE 19, 2024

HOUR OF DEATH: 11:36 PM

SEX: MALE

AGE: 58 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 01, 1966

BIRTHPLACE: LA GRANDE, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: STEPHANIE DIANE JOHNSON

OCCUPATION: TRUCK DRIVER

INDUSTRY: RAILROAD

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: STEPHANIE DIANE FRANK

RELATIONSHIP: SPOUSE

ADDRESS: 232 CANDY LANE WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: ASPHYXIA

INTERVAL: MINUTES

B: DROWNING

INTERVAL: MINUTES

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSIVE AND  
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

DATE OF INJURY: JUNE 19, 2024

HOUR OF INJURY: 11:36 PM

INJURY AT WORK: NO

PLACE OF INJURY: HOTEL

LOCATION OF INJURY: 22420 84TH AVE SOUTH

CITY, STATE, ZIP: KENT, WASHINGTON 98032

COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: PROBABLE MEDICAL EVENT IN A HOT  
TUB LEADING TO FACE BECOMING SUBMERGED

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER

FACILITY OR ADDRESS: 22420 84TH AVE SOUTH

CITY, STATE, ZIP: KENT, WASHINGTON 98032

RESIDENCE STREET: 232 CANDY LN

CITY, STATE, ZIP: WASHOUGAL, WA 98671-9244

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: KENNETH MELVIN FRANK

MOTHER: CLAIRE MARGARET LENNARD

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: JUNE 24, 2024

FUNERAL FACILITY: STRAUB'S FUNERAL HOME AND COLUMBIA RIVER  
CREMATION

ADDRESS: 325 NE THIRD AVE

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: CHRISTIAN M. DIERICKX

MANNER OF DEATH: ACCIDENT

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: NICOLE YARID, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

DATE SIGNED: JUNE 21, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 24-01829

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DARIN WISE

DATE RECEIVED: JUNE 21, 2024

# 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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<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		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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

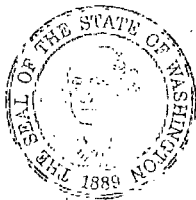
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

#### Death Certificates

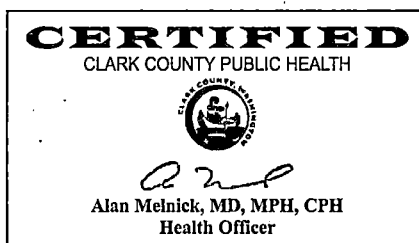
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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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