

Skamania County, WA
Total:\$306.50
ALP
Pgs=4

2025-001939

12/02/2025 03:12 PM

Request of: NAVIGATE LAW GROUP



WHEN RECORDED RETURN TO:

Navigate Law Group
1312 Main Street
Vancouver, WA 98660

DOCUMENT TITLE(S)

1. Affidavit (Lack of Probate)

Skamania County
Real Estate Excise Tax

GRANTOR(S) or DEBTOR(S):

1. Mardee A. Wyman

N/A
DEC 02 2025

PAID

N/A
Skamania County Treasurer
M. W. Wagoner

GRANTEE(S) or CREDITOR(S):

1. Christopher Wyman, Conservator for Jon N. Wyman

COUNTY: Skamania County, Washington

PRINCIPAL AMOUNT OF JUDGMENT CLAIMED: N/A

BY: Marissa Bartolucci, WSBA #53689
Attorney

TAX PARCEL NUMBER(S): 03-10-10-0-0-0301-00

Skamania County Assessor

Date 12-2-25 Parcel# 0301000030100

LEGAL DESCRIPTION:

A tract of land in the Southwest Quarter of the Southwest Quarter of Section 10, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

Lot 1 of the Grandridge Estates Short Plat recorded in Auditor's File No. 2005159505, Skamania County Records.

AFFIDAVIT (LACK OF PROBATE)

I, CHRISTOPHER WYMAN, Conservator for JON N. WYMAN, Affiant/Grantee, being first duly sworn deposes and states under the penalty of perjury that:

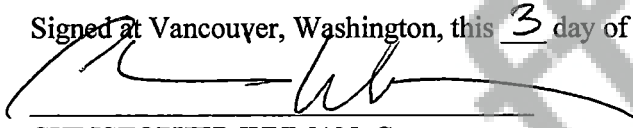
1. JON N. WYMAN is the surviving spouse of Mardee A. Wyman, Grantor, who died 2/4/2023 at 1354 (1:54 pm). A copy of her death certificate is attached hereto as Exhibit "A".

2. Mardee and JON owned as husband and wife, real property commonly known as 91 Grand Ridge Dr., Underwood, WA 98651. JON N. WYMAN is the rightful heir to this property, situated in the County of Skamania, State of Washington.

3. Decedent left no Last Will and Testament.

4. This Affidavit is made to provide a clean chain of title in the records for the subject property.

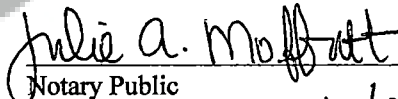
Signed at Vancouver, Washington, this 3 day of November, 2025.

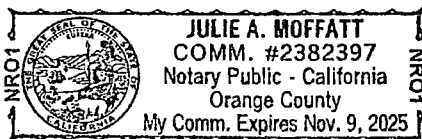

CHRISTOPHER WYMAN, Conservator
Grantee/Affiant
71 VIA SONRISA
SAN CLEMENTE, CA 92673
(206) 618-2049

STATE OF California
COUNTY OF Orange)-ss San Clemente

I certify that I know or have satisfactory evidence that Christopher Wyman is the person who appeared before me and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this 3 day of October, 2025
November


Notary Public
My commission expires: 11/9/2025



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

3052023023882

CERTIFICATE OF DEATH

3202330002177

STATE FILE NUMBER 3052023023882		LOCAL REGISTRATION NUMBER 3202330002177	
1. NAME OF DECEDENT - FIRST (Given) MARDEE		2. MIDDLE -	
3. LAST (Surname) WYMAN		4. DATE OF BIRTH (month/day/year) 04/12/1942	
5. SEX F		6. RACE WHITE	
7. DATE OF DEATH (month/day/year) 02/04/2023		8. HOUR (24 HOUR) 1354	
9. BIRTH STATE/FOREIGN COUNTRY ID		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARRIED (at time of death) MARRIED	
13. EDUCATION - Highest Level (degree) BACHELOR		14. DECEDENT'S RACE - Up to 5 races may be listed (see instructions on back) WHITE	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DEPUTY DIRECTOR		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.) STATE GOVERNMENT	
17. YEARS IN OCCUPATION 55		18. YEARS IN INDUSTRY 1 of 2	
19. DECEDENT'S RESIDENCE (Street and number, or location) 71 VIA SONRISA			
20. CITY SAN CLEMENTE		21. COUNTY/TOWNSHIP ORANGE	
22. ZIP CODE 92673		23. YEARS IN COUNTY 2	
24. FOREIGN COUNTRY CA		25. INFORMATION NAME, RELATIONSHIP CHRISTOPHER WYMAN, SON	
26. NAME OF SURVIVOR SPOUSE/WIDOW JON		27. SURVIVOR'S ADDRESS (Street and number, or rural route number, city or town, state and zip) 71 VIA SONRISA, SAN CLEMENTE, CA 92673	
28. NAME OF FATHER/STEPFATHER HUGH		29. LAST BIRTH NAME WYMAN	
30. NAME OF MOTHER/STEPMOTHER PAULINE		31. LAST BIRTH NAME HOUGH	
32. NAME OF FATHER/STEPFATHER PAULINE		33. LAST BIRTH NAME FALK	
34. DATE OF DEATH (month/day/year) 02/09/2023		35. PLACE OF FINAL DISPOSITION MORRIS HILL CEMETERY 1104 ROYAL BLVD., BOISE, ID 83708	
36. TYPE OF DISPOSITION CREMATE/TRANSIT/BURIAL		37. SIGNATURE OF LOCAL REGISTRAR REGINA CHINSIO-KWONG, DO	
38. LICENSE NUMBER FD1280		39. DATE 02/08/2023	
40. PLACE OF DEATH RESIDENCE - HOSPICE		41. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> OTHER	
42. COUNTY ORANGE		43. CITY SAN CLEMENTE	
44. FACILITY ADDRESS OR LOCATION (Street and number, or location) 71 VIA SONRISA		45. YEARS REPORTED TO CORONER DEATH AND BIRTH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
46. CAUSE OF DEATH ALZHEIMER'S DISEASE		47. YEARS [REDACTED]	
48. UNDERLYING CAUSE OF DEATH [REDACTED]		49. ALTERNATE CAUSE OF DEATH [REDACTED]	
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		51. UNDERLYING CAUSE OF DEATH [REDACTED]	
52. MAIN DISPOSITION PERFORMED FOR ANY CONDITION BETWEEN 107 OR 108 (if yes, list type of operation and date) NO		53. DECEDENT'S RESIDENCE IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
54. SIGNATURE AND TITLE OF CORONER RAEF MOUNIR ELSANADI, MD		55. LICENSE NUMBER A53042	
56. DATE 07/28/2021		57. DATE 02/02/2023	
58. TYPE OF DEATH NATURAL		59. TYPE OF DEATH NATURAL	
60. PLACE OF DEATH [REDACTED]		61. PLACE OF DEATH [REDACTED]	
62. HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]		63. LOCATION OF INJURY (Street and number, or location, and city, and state) [REDACTED]	
64. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		65. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
66. STATE A		67. COUNTY B	
68. CITY C		69. ZIP CODE D	
70. FAX AUTH. E		71. CENSUS TRACT F	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED February 14, 2023

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

REGINA CHINSIO-KWONG, DO
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

3052023023882

STATE FILE NUMBER

1.1

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202330002177

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST MARDEE	1B. MIDDLE	1C. LAST WYMAN
	2. SEX F	3. DATE OF EVENT—MM/DD/YYYY 02/04/2023	4. CITY OF EVENT SAN CLEMENTE
	5. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD HUGH HOUGH		6. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD PAULINE FALK
	8. COUNTY OF EVENT ORANGE		

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	9. ITEM NUMBER TO BE CORRECTED AKA	10. CORRECTED INFORMATION AS IT SHOULD APPEAR MARDEE ANN WYMAN
	2 of 2	

REASON FOR
CORRECTION

11. TO ADD AKA

AFFIDAVITS
AND
SIGNATURESTWO
PERSONS
MUST SIGN
THIS FORM TO
CORRECT A
BIRTH, DEATH,
OR FETAL
DEATH
RECORD

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

12A. SIGNATURE OF FIRST PERSON BRANDY CLINTON	12B. PRINTED NAME BRANDY CLINTON	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL DIRECTOR
13A. SIGNATURE OF SECOND PERSON KAREN CLARKE	13B. PRINTED NAME KAREN CLARKE	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL HOME STAFF LEVEL
14. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 1577 N MAIN STREET, ORANGE, CA 92867		13D. DATE SIGNED—MM/DD/YYYY 02/08/2023
15. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) 1577 N MAIN STREET, ORANGE, CA 92867		13E. DATE SIGNED—MM/DD/YYYY 02/08/2023
14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR		16. DATE ACCEPTED FOR REGISTRATION 02/09/2023

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24e (REV. 1/08)

1.1

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE

} SS

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registered and placed on file in the office of the VITAL RECORDS
SECTION, ORANGE COUNTY HEALTH CARE AGENCY.REGINA CHINSIO-KWONG, DO
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE