



Return Address:
CHRISTINE KOPANSKI
1431 Belle Center
WASHTONG AL WA 98671

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee CHRISTINE KOPANSKI, 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 JAMES KOPANSKI, who died on 12/13/14
Decedent/Grantor *Date*
at WASHTONG AL SKAMANIA WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

See exhibit A + B

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
FEB 03 2026

PAID N/A
M. Monaghan Deputy
SKAMANIA COUNTY TREASURER

Assessor's Property Tax Parcel/Account Number: 01050800100000
(Attach full legal description of the property)

- 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)

Dated: Feb 3, 2026

Affiant's full name
CHRISTINE KOPANSKI

Telephone number
360.936.0009 1471 Belle Central

WASHOUGHA WA 98671
City State Zip Code

Christine Kopanski Feb 3, 2026
Signature Date

State of Washington County of Skamania

I know or have satisfactory evidence that Christine Kopanski
(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: 2/3/2026 Leslie L Moore
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 02/24/2028

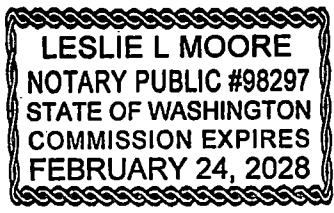


EXHIBIT 'A'

That portion of the West Half of the Northeast Quarter of the Northwest Quarter of the Southeast Quarter of Section 8, Township 1 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at a point in the center of the county road known and designated as the Old Bell Center Road 600 feet North 00°52' West of the center of the said Section 8; thence North 00°52' West following the center of said road known and designated as the Bell Center Road; thence in a Southeasterly direction following the center of the said Bell Center Road to an angle turn to the right; thence following the center of said Bell Center Road South 31°24' West to intersection with the Old Bell Center Road aforesaid; thence following the center of said Old Bell Center Road North to the Point of Beginning.

EXCEPT that portion conveyed to Skamania County Washington under Auditor File No. 70959 in Book 60, Page 349.

ALSO EXCEPT Public Roads.

Skamania County Assessor *omw*

Date *2/3/20* Parcel# *01050800100000*

EXHIBIT "B"

RIGHTS OF THE PUBLIC IN AND TO THAT PORTION LYING WITHIN THE ROAD;

Return To:

Christine Kopanski
1471 Belle Center Rd.
Washougal, WA 98671



0013

I hereby certify that the within instrument was received for record in the County of Tillamook, State of Oregon.

Tassi O'Neil, Tillamook County

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix James Joseph KOPANSKI					2. Death Date 12-13-2014		
3. Sex (M/F) Male	4a. Age - Last Birthday 66	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skamania		
7. Birthdate 05-31-1948	8a. Birthplace (City, Town, or County) Little Falls	8b. (State or Foreign Country) New York		9. Decedent's Education Some college, no degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.) 1471 Belle Center Road					13b. City or Town Washougal		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98671	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
14. Estimated length of time at residence 8 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Christine K. Layman			
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED)) Country Club Manager				18. Kind of Business/Industry (Do not use Company Name) Golfing Industry			
19. Father's Name (First, Middle, Last, Suffix) Joseph Kopanski				20. Mother's Name Before First Marriage (First, Middle, Last) Stella Synenki			
21. Informant's Name Christine K. Kopanski		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1471 Belle Center Road Washougal, WA 98671			
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home							
25. Facility Name (if not a facility, give number, & street or location) 1471 Belle Center Road				26a. City, Town, or Location of Death Washougal		26b. State WA	27. Zip Code 98671
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center			30. Location: City, Town, and State Portland, Oregon		
31. Name and Complete Address of Funeral Facility Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607					32. Date of Disposition 12-22-2014		
33. Funeral Director Signature X <i>Bon A Brown</i>							
34. Enter the chain of events - diseases, injuries, or circumstances that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>pneumonia/emphysema</i> Interval between Onset & Death: <i>2 months</i> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. <i>esophageal cancer</i> Interval between Onset & Death: <i>2 yrs</i> Due to (or as a consequence of): c. <i>Congestive heart failure</i> Interval between Onset & Death: <i>2 yrs</i> Due to (or as a consequence of): d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input checked="" type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., "Decedent's home," construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:							
46. Describe how injury occurred					47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <i>DR. RICK J. JARVISON 8512 NE 10th Ave Vancouver WA 98662</i>					50. Hour of Death (24hrs) <i>1515 hrs</i>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) <i>12/16/2014</i>		
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>					58. Date Received (MM/DD/YYYY) DEC 22 2014		
59. Amendments							

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:	
The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____	16. Date: _____	17. Address: _____
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.
All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof by the person).
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED
 DOH/CHS 023a 6/11/10

JAN 05 2015

Sarah Present
 Sarah Present
 Health Officer
 Skamania Co, Public Health

UU00110719