

Skamania County, WA
Total: \$308.50
ALP
Pgs=6

2026-000437

03/25/2026 02:31 PM

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED MAIL TO:

Spencer Renner Beck
3661 Cook Underwood Road
Underwood, WA 98605

DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

N/A

GRANTOR(S):

Thomas D Beck, deceased

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

MAR 25 2026

GRANTEE(S):

Glen Morel Renner, spouse

PAID

N/A

W. Monaghan Deputy
SKAMANIA COUNTY TREASURER

ABBREVIATED LEGAL DESCRIPTION:

Ptn. Sec 14, T3N, R9E W.M.
Full Legal Located on page 4

TAX PARCEL NUMBER(S):

03-09-14-3-0-0300-00

(Signature)

After recording, return to:

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF UTAH)

SS:

COUNTY OF SAN JUAN)

The undersigned, Glen Morel Renner, executes this affidavit relating to the estate of Thomas D. Beck (herein "Decedent"), who died on April 8, 2024, in the County of San Juan, State of Utah, then being a resident of the City of Bluff, County of San Juan, State of Utah. (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 the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Registered domestic partner of the Decedent
- Surviving child of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and
-

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship Glen Morel Renner, spouse

Name & relationship Eli M. Beck, child

Name & relationship Spencer D. Beck, child

Name & relationship _____

Description of the Property

4. 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:

[INSERT either complete legal description, or refer to attachment for full legal description]

See Attached Exhibit A

5. Status of the Will (if any)

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

DATED: March 17, 2026

Glen Morel Renner

(Signature)

Glen Morel Renner

(Print or type full name)

PO Box 462 Bluff, UT 84512 435 979-1825

(Full address and telephone number)

State of Utah
County of San Juan

SUBSCRIBED and SWORN TO before me this 17 day of March, 2026
by Glen Morel Renner, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Sonya L Perkins

Notary Public in and for the State of Utah
residing at San Juan

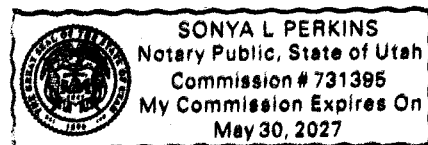


EXHIBIT "A"

Beginning at a point 12 feet South of and 300 feet East of the Northwest corner of Lot 6 of the OREGON LUMBER COMPANY'S SUBDIVISION in Section 14, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington; thence South 100 feet; thence East 200 feet; thence North 100 feet; thence West 200 feet to the point of beginning.

Also the North 12 feet of Lot 6 of the OREGON LUMBER COMPANY'S SUBDIVISION, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 29, Skamania County Records.

Skamania County Assessor

Date 3/25/20 Parcel# 3-9-14-3-300

(Signature)

Unofficial Copy

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2024006259

Thomas D Beck

DECEDENT INFORMATION

Date of Death:	April 8, 2024 (Found)	Time of Death:	17:57
City of Death:	Bluff	County of Death:	San Juan
Age:	78	Date of Birth:	December 11, 1945
Place of Birth:	Cincinnati, Ohio	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Glen Morel Renner	Usual Occupation:	Physician
Industry/Business:	Health Care	Education:	Doctorate Degree
Residence:	Bluff, Utah	Father's Name:	Herbert John Beck
Mother's Name:	Elizabeth Ruth Drees	Facility Type:	Home
Facility or Address:	320 N 300 W		

INFORMANT INFORMATION

Name:	Glen Morel Renner	Relationship:	Wife
Mailing Address:	320 N 300 W, Bluff, Utah 84512		

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Spanish Valley Mortuary/Crematorium, Moab, Utah
Date of Disposition: April 10, 2024

FUNERAL HOME INFORMATION

Funeral Home: San Juan Mortuary
Address: 370 South Main Street, Blanding, Utah 84511
Funeral Director: Danny S Palmer

MEDICAL CERTIFICATION

Certifying Physician: Renee W Dunn MD, Moab VA Clinic, 702 South Main Street Suite 5B, Moab, Utah 84532

CAUSE OF DEATH

Glioblastoma multiforme brain
Due to (or as a consequence of): Grand mal seizure
Tobacco Use: Did not Contribute
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: April 10, 2024
Date Issued: April 10, 2024

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext.
This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.

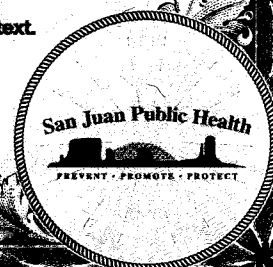


Linda S. Winger
Linda S. Winger, MSW, LCSW
State Registrar
Rev. 01/22



* 0 6 7 1 4 9 2 6 2 *

Grant Sunada
Grant Sunada
Health Officer/Director



STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record may be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for gender or subsequent changes. This form is not used with a court order. A court order is necessary to make any corrections to a Delayed Birth Certificate or Death Certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; please visit our website or contact our office. Please return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees, proof of ID and application for a new certificate.

Mailing Address: Office of Vital Records and Statistics PO Box 141012 Salt Lake City, UT 84114-1012
Physical Address: Office of Vital Records and Statistics 288 North 1460 West Salt Lake City, UT 84116
Contact Info: <https://vitalrecords.utah.gov> 801-538-6105 vrequest@utah.gov



Affidavit Instructions: Please print or type. Items 1-6: Enter the facts as reported on the current vital record. Item 7: Enter the item number from items 1-6 that will be changed, if applicable. Item 8a: Enter the information as stated on the original record. Item 8b: Enter the correct information as it should be stated. Item 9: Enter the reason the change is necessary. Item 10: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. Items 11-22: Enter witness information.

Witnesses for Birth Certificate: If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.

Witnesses for Death Certificate: The informant must sign as a witness along with an immediate member of the decedent's family. If adding a spouse, the spouse must sign as a witness. If no immediate family, a person who is knowledgeable of the facts may sign.

[] BIRTH [] DEATH [] STILLBIRTH STATE FILE NUMBER: _____

INFORMATION AS REPORTED ON RECORD	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)		
	5. NAME OF PARENT 1 (Maiden name if applicable)			6. NAME OF PARENT 2 (Maiden name if applicable)		
STATEMENT OF AMENDMENTS	7. ITEM NO.	8a. FACTS EXACTLY AS ON ORIGINAL RECORD			8b. CORRECT INFORMATION	
WHY IS CHANGE NEEDED?	9. _____					
DOCUMENTS USED	10. _____					
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.				Subscribed to and Sworn to before me this ____ day of ____ 20__.	
	11a. SIGNATURE OF WITNESS (Must sign in front of Notary)		11b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____	
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE	15. RELATIONSHIP TO 1a.		
	16. ADDRESS OF WITNESS					
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.				Subscribed to and Sworn to before me this ____ day of ____ 20__.	
	17a. SIGNATURE OF WITNESS (Must sign in front of Notary)		17b. PRINTED NAME OF WITNESS		STATE _____ COUNTY _____	
	18. DATE SIGNED	19. AGE OF WITNESS	20. DAYTIME TELEPHONE	21. RELATIONSHIP TO 1a.		
	22. ADDRESS OF WITNESS					

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