



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

Return to:
RONALD J. RITZ
1970 GOLFVIEW DRIVE
CLARKSTON WA 99403

AFFIDAVIT (LACK OF PROBATE)

RONALD J. RITZ, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is
THE HUSBAND (relationship to decedent)
 of SANDRA LEA RITZ (decedent), who died on (date)
OCTOBER 7, 2014, at
CLARKSTON ASOTIN WASHINGTON
City County State

***** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.**
 PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:
601 QUARRY ROAD

ASOTIN WASHINGTON 99402
City Street State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

“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)

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RONALD J. RITZ

75 - Husband - 1970 Golfview Dr. Clarkston WA 99403

Full name, age, relationship, address

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Dated: 10-24-2016

RONALD J. RITZ

Affiant's full name

(509) ~~520~~ 780-8134

Telephone number

1970 GOLVIEW DRIVE

CLARKSTON

WASHINGTON

99403

City

State

Zip Code

x

Ronald J. Ritz
Signature

10/24/16
Date

State of IDAHO

County of NEZ PERCE

I know or have satisfactory evidence that RONALD J. RITZ

(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.

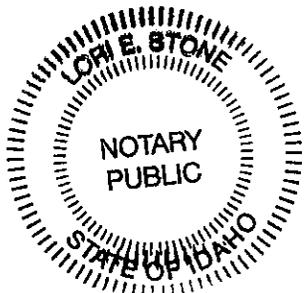
Dated: 10/24/2016

Lou E. Stone

Notary Public

Residing at: CLARKSTON WASHINGTON

COMMISSION EXPIRES: 04-28-2018



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EXHIBIT "A"

Lot 2 in Block Two of Riverview Addition according to the official plat thereof, as recorded in the office of the County Recorder of Asotin County, Washington, under recorder's Instrument No. 210838.

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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-022856

DATE ISSUED: 10/13/2014

FEE NUMBER: 0000243022

GIVEN NAMES: SANDRA LEA
LAST NAME: RITZ

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: OCTOBER 07, 2014
HOUR OF DEATH: 05:00 P.M.
SEX: FEMALE
AGE: 73 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PREFERRED CARE ADULT FAMILY HOME
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 601 QUARRY RD
CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER: RONALD COLLINS
MOTHER: FERN BURNS

BIRTHDATE: AUGUST 23, 1941
BIRTHPLACE: WINTHROP, BUCHANAN CNTY, IOWA

MARITAL STATUS: MARRIED
SPOUSE: RONALD J RITZ

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: OCTOBER 09, 2014

OCCUPATION: WRITER/BUSINESS
INDUSTRY: SHORT HISTORY
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: P.O. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

INFORMANT: RON RITZ
RELATIONSHIP: HUSBAND
ADDRESS: 601 QUARRY RD, ASOTIN WA, 99402

- CAUSE OF DEATH:
- A. METASTATIC HEPATOCELLULAR CARCINOMA
INTERVAL: 3 MONTHS
 - B. HEPATITIS C
INTERVAL: 60 YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

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

LOCATION OF INJURY:

CERTIFIER NAME: KATRINA ROLEN MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1250 IDAHO ST
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: OCTOBER 10, 2014

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: OCTOBER 10, 2014

NUMBER(S): NONE
DATE(S): NONE

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DOH 01-003 (1/14)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

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: _____
(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

Birth Certificates

- Only a parent, 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 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.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

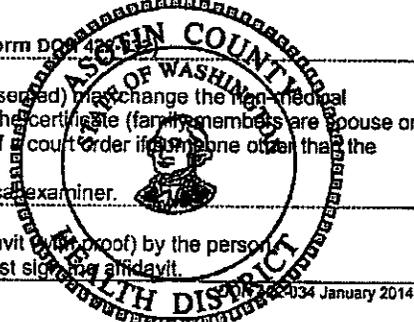
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 3200-010)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if anyone 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 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.



Lawrence M. Garges, M.D.
Lawrence M. Garges, M.D.
Health Officer

OCT 13 2014
AA00243026
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