

REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC
THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>Estate of William M. Reves</u>	BUYER GRANTEE	2 Name <u>Curtis Reves, Personal Representative</u>
	Mailing Address <u>15 Lobelia</u>		Estate of Shirley Ann Reves
	City/State/Zip <u>Rancho Santa Margarita, CA 92688</u>		Mailing Address <u>15 Lobelia</u>
	Phone No. (including area code) _____		City/State/Zip <u>Rancho Santa Margarita, CA 92688</u>
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name _____		See Attached <input type="checkbox"/>	
Mailing Address _____		See Attached <input type="checkbox"/>	
City/State/Zip _____		See Attached <input type="checkbox"/>	
Phone No. (including area code) _____		See Attached <input type="checkbox"/>	

4 Street address of property: See Attached
 This property is located in Clarkston
 Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.
 Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)
See attached

5 Select Land Use Code(s):
11 - Household, single family units
 enter any additional codes: _____
 (See back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?
 YES NO

6 Is this property designated as forest land per chapter 84.33 RCW? YES NO
 Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? YES NO
 Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

If any answers are yes, complete as instructed below.
(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.
 This land does does not qualify for continuance.

DEPUTY ASSESSOR _____ DATE _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

 PRINT NAME

7 List all personal property (tangible and intangible) included in selling price.
 None

If claiming an exemption, list WAC number and reason for exemption:
 WAC No. (Section/Subsection) 458-61A-202(5)(i)
 Reason for exemption Inheritance

Type of Document Limited Warranty Deed
 Date of Document 11/8/18

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	5.00
Total Due \$	10.00

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
 *SEE INSTRUCTIONS

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent Curtis Reves
 Name (print) Curtis Reves
 Date & city of signing: Rancho Santa Margarita CA 11/8/18

Signature of Grantee or Grantee's Agent Curtis Reves PR
 Name (print) Curtis Reves, PR
 Date & city of signing: Rancho Santa Margarita, CA 11/8/18

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

A TEC CLK 26140
 XPM

PAID
 DEC - 6 2018
 ASOTIN COUNTY
 TREASURER

51795

Tax Parcel Nos.	Assessed Value
1-101-03-012-0000-0000	\$147,200
1-001-18-011-0001-0000	\$100,400
1-001-13-012-0002-0000	\$130,100
1-066-00-015-0000-0000	\$119,000
1-004-35-016-0002-0000	\$150,000
1-065-00-025-0001-0000	\$106,500

Street Addresses

1128 Fifth Street, Clarkston, Washington
706 4th Street, Clarkston, Washington
211 Elm Street, Clarkston, Washington
2484 19th Street, Clarkston, Washington
922 16th Street, Clarkston, Washington
908 Beachview Blvd., Clarkston, Washington

Legal Descriptions

PARCEL 1 – 1128 Fifth Street, Clarkston, Washington:

Lot 12 in Block 3 of Parkway Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 16 Official Records of Asotin County, Washington.
Subject To: Current year taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

APN: 1-101-03-012-0000-0000

PARCEL 2 – 706 4th Street, Clarkston, Washington:

The North half of Lot 10 and the South half of Lot 11 in Block 18 of CLARKSTON according to plat recorded in Book B of Plats, page 3, records of Asotin County, Washington.
SUBJECT TO power line easements across the northwesterly and southwesterly portions of the above described premises.

APN: 1-001-18-011-0001-0000

PARCEL 3 – 211 Elm Street, Clarkston, Washington:

The East half (E½) of Lots Eleven (11) and Twelve (12) of Block Thirteen (13) of CLARKSTON according to the recorded plat thereof, in Asotin County, Washington.
SUBJECT TO rights of the public in and to adjacent streets and alleys.

APN: 1-001-13-012-0002-0000

51795

PARCEL 4 – 2484 19th Street, Clarkston, Washington:

Lot 15 of CAMBRIA ADDITION according to the recorded plat thereof, records of Asotin County, Washington.

SUBJECT TO covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

APN: 1-066-00-015-0000-0000

PARCEL 5 – 922 16th Street, Clarkston, Washington:

That part of Lot 16 of Block "VV" of VINELAND according to plat recorded in Book A of Plats, page 21, records of Asotin County, Washington, more particularly described as follows:

From the Northeast corner of Lot 16 of Block "VV" of Vineland, said point being on the centerline of 16th Street a distance of 800 feet North 30°00' West of a stone monument at the intersection of the centerline of Chestnut Street; run South 60°00' West a distance of 20 feet along the North boundary line of said Lot 16 to a point on the West boundary line of 16th Street; thence run South 30°00' East a distance of 75.0 feet to the TRUE PLACE OF BEGINNING; thence South 60°00' West a distance of 100.0 feet; thence South 30°00' East a distance of 40.0 feet; thence South 21°20' West a distance of 14.03 feet to a point of curve; thence deflect left 90°00' and proceed around a curve to the right with a radius of 50.0 feet a distance of 28.73 feet; thence North 60°00' East a distance of 100.0 feet to a point on the Westerly boundary line of 16th Street; thence North 30°00' West 75.0 feet to the true place of beginning.

SUBJECT TO Covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

APN 1-004-35-016-0002-0000

PARCEL 6 – 908 Beachview Blvd., Clarkston, Washington:

The East half of Lots 24 and 25 of Boulevard Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 66 Official Records of Asotin County, Washington.

APN: 1-065-00-025-0001-0000.

1 **CERTIFIED**

FILED

2018 MAR -2 AM 11:44

MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

3
4
5
6 **SUPERIOR COURT OF WASHINGTON**
7 **FOR THE COUNTY OF ASOTIN**
8 **IN PROBATE**

9
10 IN THE MATTER OF THE ESTATE

Case No. 18-4-00024-02

11 OF

LETTERS TESTAMENTARY
(RCW 11.28.090)

12 SHIRLEY ANN REVES,

13 Deceased.

14
15 WHEREAS, the Last Will of Shirley Ann Reves was on March 1, 2018,
16 duly exhibited, proven, and recorded in our Superior Court; and whereas, it appears
17 in and by such Will that Curtis Reves is appointed personal representative thereon;
18 and whereas, Curtis Reves has duly qualified,

19 **NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS**, that we
20 do hereby authorize Curtis Reves to execute such Will according to law, and without
21 intervention of the Court except as provided by law.

22
23
24
25
26 **LETTERS TESTAMENTARY -1-**

Christopher J. Moore, WSBA# 19580
Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208) 743-1516; Fax: (208) 746-2231

51795

1 WITNESS my hand and seal of this Court this 2nd day of March, 2018.

2 SUPERIOR COURT CLERK

3 By *Kevin Ch...*
4 Deputy



5
6 STATE OF WASHINGTON)
7 : ss.
8 County of Asotin)

9 I, McKenzie Kelley, County Clerk of the County of Asotin, State of
10 Washington, an ex-officio Clerk of the Superior Court of the State of Washington for
11 Asotin County, do hereby certify that the within and foregoing is a full, true and
12 correct copy of the Letters Testamentary and of the whole thereof, as the same are
13 now on file and of record in the above-entitled cause in my office and custody. Said
14 Letters have never been revoked and are still in full force and effect.

15 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal
16 of this Court Superior Court this _____ day of _____, 201____.

17 County Clerk & Ex-officio
18 Clerk of the Superior Court

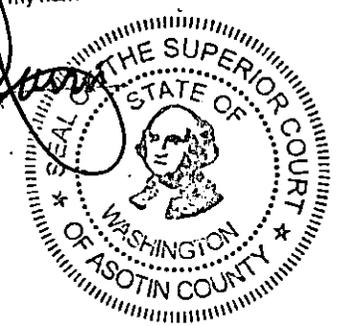
19 By _____

STATE OF WASHINGTON } SS
County of Asotin

I, MCKENZIE A. KELLEY, County Clerk and ex-officio Clerk of the Superior Court for the State of Washington for Asotin County, do hereby certify that this instrument is a true and correct copy of the original as the same now appears on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court this date

10/22/18
MCKENZIE A. KELLEY CLERK
By *[Signature]*
Deputy Clerk



AFTER RECORDING, RETURN TO:

Christopher J. Moore
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

AFFIDAVIT – LACK OF PROBATE

Reference Numbers of Related Documents: N/A

Grantor: Reves, Curtis; Reves, Kerry; and Reves, Cheryl

Grantee: Reves, Curtis, Personal Representative of Estate of Shirley Ann Reves

Legal Description:

1. Real property located in Asotin County, Washington, described as follows:
 - A. Lot 12 in Block 3 of Parkway Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 16.
 - B. The North half of Lot 10 and the South half of Lot 11 in Block 18 of CLARKSTON according to plat recorded in Book B of Plats, page 3.
 - C. The East half (E½) of Lots Eleven (11) and Twelve (12) of Block Thirteen (13) of CLARKSTON.
 - D. Lot 15 of CAMBRIA ADDITION.
 - F. Part of Lot 16 of Block “VV” of VINELAND according to plat recorded in Book A of Plats, page 21.
 - G. The East half of Lots 24 and 25 of Boulevard Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 66.
2. Additional legal descriptions are included on pages 1-3 in the Deed.
3. Assessor’s Parcel Nos 1-101-03-012-0000-0000, 1-001-18-011-0001-0000, 1-001-13-012-0002-0000, 1-066-00-015-0000-0000, 1-004-35-016-0002-0000, 1-065-00-025-0001-0000.

51795

AFTER RECORDING MAIL TO:

Christopher J. Moore
P. O. Drawer 835
Lewiston, ID 83501

**AFFIDAVIT OF HEIRS OF THE ESTATE OF WILLIAM M. REVES
LACK OF PROBATE - REAL PROPERTY**

Curtis Reves, Kerry Reves and Cheryl Reves, being first duly sworn, depose and say:

The undersigned Affiants are the lawful surviving heirs of William M. Reves, as listed on the Heirs at Law, who died on September 30, 2013, at Clarkston, Asotin County, Washington, then being a resident of Clarkston, Asotin County, Washington. A certified copy of the Certificate of Death is attached hereto.

The Decedent, William M. Reves, left no Last Will and Testament and/or Community Property Agreement.

The Decedent executed no Wills, agreements to convey, Community Property Agreements, conveyances in escrow, mortgages, deeds of trust, lien agreements, revocable trusts, or other instruments for the purpose of conveying or encumbering the land subject of this affidavit. Curtis Reves, as Personal Representative of the Estate of Shirley Ann Reves is entitled to distribution of the subject property from the Decedent because Decedent and Shirley Ann Reves were Husband and Wife, took title to the property as Husband and Wife, and as such property is community in nature, belonging to Shirley Ann Reves as surviving spouse.

**AFFIDAVIT OF HEIRS OF THE ESTATE OF
WILLIAM M. REVES
LACK OF PROBATE - REAL PROPERTY - 1**

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231**

51795

Affiants hereby identify all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Curtis Reves 15 Lobelia Rancho Santa Margarita, CA 92688	Adult	Son
Kerry Reves 4620 Ave De Las Flores Yorba Linda, CA 92886	Adult	Son
Cheryl Reves 1128 5 th Street Clarkston, WA 99403	Adult	Daughter

Affiants have identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children and the issue of any. The Affiants state of their own knowledge that each of the obligations of the Estate of William M. Reves, including, but not limited to, the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiants and the Decedent's spouse's estate. The amount of income tax due to the federal government is not known at this time, but is believed to be well provided for by the Affiants and the Decedent's spouse's estate.

This affidavit is made solely to transfer the Estate's interest in following real property located in the County of Asotin, State of Washington, to-wit:

PARCEL 1 – 1128 Fifth Street, Clarkston, Washington:

Lot 12 in Block 3 of Parkway Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 16 Official Records of Asotin County, Washington.

**AFFIDAVIT OF HEIRS OF THE ESTATE OF
WILLIAM M. REVES
LACK OF PROBATE - REAL PROPERTY - 2**

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231**

51795

Subject To: Current year taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

APN: 1-101-03-012-0000-0000

PARCEL 2 – 706 4th Street, Clarkston, Washington:

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SUBJECT TO power line easements across the northwesterly and southwesterly portions of the above described premises.

APN: 10011801100010000

PARCEL 3 – 211 Elm Street, Clarkston, Washington:

The East half (E½) of Lots Eleven (11) and Twelve (12) of Block Thirteen (13) of CLARKSTON according to the recorded plat thereof, in Asotin County, Washington.

SUBJECT TO rights of the public in and to adjacent streets and alleys.

APN: 10011301200020000.

PARCEL 4 – 2484 19th Street, Clarkston, Washington:

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SUBJECT TO covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

APN: 1-066-00-015-0000

AFFIDAVIT OF HEIRS OF THE ESTATE OF
WILLIAM M. REVES
LACK OF PROBATE - REAL PROPERTY - 3

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

51795

PARCEL 5 – 922 16th Street, Clarkston, Washington:

That part of Lot 16 of Block "VV" of VINELAND according to plat recorded in Book A of Plats, page 21, records of Asotin County, Washington, more particularly described as follows:

From the Northeast corner of Lot 16 of Block "VV" of Vineland, said point being on the centerline of 16th Street a distance of 800 feet North 30°00' West of a stone monument at the intersection of the centerline of Chestnut Street; run South 60°00' West a distance of 20 feet along the North boundary line of said Lot 16 to a point on the West boundary line of 16th Street; thence run South 30°00' East a distance of 75.0 feet to the TRUE PLACE OF BEGINNING; thence South 60°00' West a distance of 100.0 feet; thence South 30°00' East a distance of 40.0 feet; thence South 21°20' West a distance of 14.03 feet to a point of curve; thence deflect left 90°00' and proceed around a curve to the right with a radius of 50.0 feet a distance of 28.73 feet; thence North 60°00' East a distance of 100.0 feet to a point on the Westerly boundary line of 16th Street; thence North 30°00' West 75.0 feet to the true place of beginning.

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APN: 1-004-35-016-0002

PARCEL 6 – 908 Beachview Blvd., Clarkston, Washington:

The East half of Lots 24 and 25 of Boulevard Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 66 Official Records of Asotin County, Washington.

APN: 1-065-00-025-0001-0000.

AFFIDAVIT OF HEIRS OF THE ESTATE OF
WILLIAM M. REVES
LACK OF PROBATE - REAL PROPERTY - 4

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

51795

CALIFORNIA NOTARY ACKNOWLEDGMENT

For An Individual Acting In His/Her Own Right:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Orange) ss.

On 11/8/2018 before me, Kenichiro Hara Notary Public, personally appeared
Curtis Reves

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

[Signature]
Signature
Kenichiro Hara
Print Name

[NOTARIAL SEAL]



My commission expires: 10/10/2020

51795

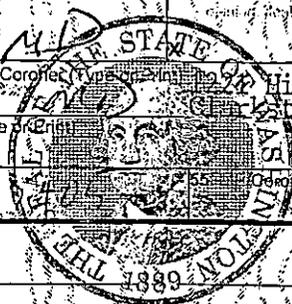
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1. Legal Name (include AKA's if any) First Middle LAST William M. Reves			2. Death Date 09/30/2013		
3. Sex (M/F) Male	4a. Age - Last Birthday 79	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate 05/28/1934	8a. Birthplace (City, Town, or County) Arkoma		8b. (State or Foreign Country) Oklahoma	8. Decedent's Education High School Graduate	
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 5th St.) (Include Apt. No.) 1128 5th St.				13b. City or Town Clarkston	
13c. Residence: County Asotin	13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip, Code + 4 99403	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: 7 Yrs	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Shirley Ann Ingersoll			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Quality Control			18. Kind of Business/Industry (Do not use Company Name) Commerical Product Testing		
19. Father's Name (First, Middle, Last, Suffix) O'Neal Enos Reves			20. Mother's Name Before First Marriage (First, Middle, Last) Bonnie B. Slater		
21. Informant's Name Cheryl Reves		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1128 5th St., Clarkston, Wa. 99403		
24. Place of Death, if Death Occurred in a Hospital: Emergency Room			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Tri State Memorial Hospital			26a. City, Town, or Location of Death Clarkston	26b. State WA	27. Zip Code 99403
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location-City/Town, and State Lewiston, ID	
31. Name and Complete Address of Funeral Facility Merchant Funeral Home 1000 7th St. Clarkston WA 99403			32. Date of Disposition Oct. 4, 2013		
33. Funeral Director Signature X <i>Wm F. Brown</i>					

Part 1 completed by Funeral Director

34. Cause of Death (See Instructions and examples). Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardio 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. Congestive Heart Failure 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. c. d.						Interval between Onset & Death UNKNOWN	
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 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 type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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, City or Town, County, State, Zip Code + 4, Apt. No.							
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 - Give the name, who visited, death occurred at the time, date, and place of death to the police and a funeral director			48b. Medical Examiner/Coroner - Give the back of examination, and/or investigation, time and place of death occurred at the time, date, and place, and use in (see cause(s) and manner of death)				
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner <i>M. J. [Signature]</i> Highland Ave. Clarkston, Wa. 99403			50. Hour of Death (24hrs) 0055				
51. Name and Title of Attending Physician if other than Certifier (Type & Print)			52. Date Signed (MM/DD/YYYY) 10-2-13				
53. Title of Certifier	54. License Number AD 0002	55. Other File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) 51795 OCT 03 2013			
59. Amendments							

Part 2 completed by Certifier





Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution) _____

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 forgoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital/Medical Record, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, 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.
- 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's maiden name, father's 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 birth date, place of birth or parent's information, one documentary proof is required.
- 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 and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or 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.

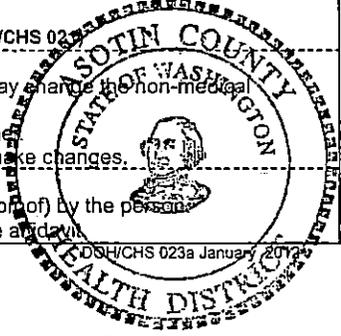
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 023a)

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.



Lawrence M. Garges, M.D.
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 Health Officer

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