

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 of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	1 Name <u>The Bronkhorst 2005 Revocable Living Trust</u>	BUYER GRANTEE	2 Name <u>Shanna Roeder</u>
	Mailing Address <u><del>09 Cheryl Fuller</del> 30207 Rosenkranz Rd</u>		Mailing Address <u>1172 Grandemont Road</u>
	City/State/Zip <u>Lewiston ID 83501</u>		City/State/Zip <u>Drummond, ID 83544</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
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 _____		10640202000000000 <input type="checkbox"/> <u>66,600 -20,400.00</u>	
Mailing Address _____		<del>50640202000000020</del> <input type="checkbox"/> <u>41,600.00</u>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	

Street address of property: 1120 Benjamin Street

This property is located in  unincorporated Asotin County OR within  city of Unincorp

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.

Lot 20 in Block 2 of Dr. Boston's Addition, according to the official plat thereof, filed in Book B of Plats at Page 86 Official Records of Asotin County, Washington.

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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property designated as forest land per chapter 84.33 RCW?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) \_\_\_\_\_

Reason for exemption \_\_\_\_\_

\_\_\_\_\_

Type of Document Statutory Warranty Deed (SWD)

Date of Document 05/02/19

Gross Selling Price \$	<u>131,500.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>131,500.00</u>
Excise Tax : State \$	<u>1,683.20</u>
Local \$	<u>328.75</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>2,011.95</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>2,016.95</u>

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 <u>Cheryl Fuller</u>	Signature of Grantee or Grantee's Agent <u>Shanna Roeder</u>
Name (print) <u>The Bronkhorst 2005 Revocable Living Trust</u>	Name (print) <u>Shanna Roeder</u>
Date & city of signing: <u>5-3-19 Clarkston</u>	Date & city of signing: <u>5-3-19 CLAVICKSPN</u>

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SUPERIOR COURT OF WASHINGTON FOR GARFIELD COUNTY

In re the Estate of: ) No. 17-4-00004-12  
RUTH LOUISE BRONKHORST, )  
Deceased. ) NOTICE OF TRUST  
) RCW 11.98.072

Cheryl Fuller and Joe Bronkhorst, Successor Trustees of The Bronkhorst 2005 Revocable Living Trust, provide the following notification relating to The Bronkhorst 2005 Revocable Living Trust:

1. The Bronkhorst 2005 Revocable Living Trust is a Revocable Trust that was created by Bill Bronkhorst and Ruth L. Bronkhorst on January 12, 2005.
2. The Trustors are Bill Bronkhorst and Ruth L. Bronkhorst. Ruth L. Bronkhorst died on July 12, 2014 and Bill Bronkhorst died on January 14, 2018.
3. The Successor Trustees' names, addresses, and telephone numbers are as follows:

Cheryl Fuller  
30207 Rosenkranz Road  
Lewiston, ID 83501  
(208) 746-5073

Joe Bronkhorst  
2937 Detour Road  
Walla Walla, WA 99362  
(509) 520-5131

Law Office of  
**David A. Gittins**  
843 Seventh Street  
Clarkston, WA 99403  
(509) 758-2501  
Facsimile: (509) 758-3576

52163

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4. The qualified beneficiaries of The Bronkhorst 2005 Revocable Living Trust, as defined by RCW 11.98.002(2), are Cheryl Fuller, Joe Bronkhorst, Robert Bronkhorst, and Brenda Dilbeck.

5. The qualified beneficiaries have the right to request such information as is reasonably necessary for them to enforce their rights under The Bronkhorst 2005 Revocable Living Trust.

6. Attached to this Notice are the following:

6.1 The Bronkhorst 2005 Revocable Living Trust.

6.2 First Amendment to The Bronkhorst 2005 Revocable Living Trust.

Signed at Clarkston, Washington this 5<sup>th</sup> day of April, 2018.

THE BRONKHORST 2005 REVOCABLE LIVING TRUST

By: Cheryl Fuller  
Cheryl Fuller, Successor Trustee

Signed at Walla Walla, Washington this 17<sup>th</sup> day of April, 2018.

By: Joe Bronkhorst  
Joe Bronkhorst, Successor Trustee

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Return Address

Cheryl Fuller  
30207 Rosenkrantz Road  
Lewiston, ID 83501

Please print or type information

Document Title(s) (or transactions contained therein):

1. Death Certificate
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Bronkhorst, Bill
  - 2.
  - 3.
  - 4.
- Additional names on page \_\_\_ of document.

Grantee(s) (Last name first, then first name and initials):

- 1.
  - 2.
  - 3.
  - 4.
- Additional names on page \_\_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page \_\_\_ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page \_\_\_ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned  
 Additional parcel numbers on page \_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

52163

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-002424

LOCAL FILE NUMBER: 0083BB

DATE ISSUED: 01/19/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BILL  
LAST NAME(S): BRONKHORST

COUNTY OF DEATH: GARFIELD  
DATE OF DEATH: JANUARY 14, 2018  
HOUR OF DEATH: 08:20 AM

SEX: MALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTH PLACE: [REDACTED]

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: FARMER / RANCHING  
INDUSTRY: FARMING / RANCHING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: CHERI FULLER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 30207 ROSENKRANTZ RD, LEWISTON ID, 83501

CAUSE OF DEATH:  
A: MULTIPLE CEREBROVASCULAR ACCIDENTS  
INTERVAL: 5 YEARS  
B: PAROXYSMAL ATRIAL FIBRILLATION  
INTERVAL: 5 YEARS  
C: CORONARY ARTERY DISEASE  
INTERVAL: 30 YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2871 HWY 12 E  
CITY, STATE, ZIP: POMEROY, WASHINGTON 99347

RESIDENCE STREET: 2871 HWY 12 E  
CITY, STATE, ZIP: POMEROY, WA 99347  
INSIDE CITY LIMITS: NO COUNTY: GARFIELD  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 46 YEARS

FATHER/PARENT: WILLIAM BRONKHORST  
MOTHER/PARENT: GERTRUDE WITMIRE

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: VINELAND CEMETERY

CITY, STATE: CLARKSTON, WASHINGTON  
DISPOSITION DATE: JANUARY 20, 2018

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

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: WARREN ELLISON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: JANUARY 15, 2018

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

LOCAL DEPUTY REGISTRAR: SHANDA L. WOLF  
DATE RECEIVED: JANUARY 19, 2018

52163



# Affidavit for Correction

Mail to: 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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Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: <small>First Middle Last</small>		2. Date of Event: <small>MM/DD/YYYY</small>	3. Place of Event: <small>City or County</small>
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) <small>First Middle Last/Maiden</small>		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last/Maiden</small>	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. Return Mailing Address: <small>P.O. Box or Street Address City State Zip</small>			
	Telephone Number: <small>( )</small>		Email Address:	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

### Birth Certificates

- Only a parent(s), 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 the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, 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

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

### 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). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone 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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

# CERTIFIED

JAN 19 2018 DV

*Timothy Moody MD*

Dr. Timothy Moody  
Health District Officer  
Garfield County Health District



0 1 2 1 9 5 8 6

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

52163

Return Address  
Alliance Title & Escrow  
735 5<sup>th</sup> St.  
Clarkston, WA 99403



I-131 DC  
Pgs=3 Fee:\$35.00  
ALLIANCE TITLE & ESCROW

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Bronkhorst, Ruth Louse 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) Lot 21, Block 2, Dr. Boston's Addition <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number 1-064-02-021-0000-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-015948

LOCAL FILE NUMBER: 0013RB

DATE ISSUED: 07/18/2014

FEE NUMBER: 000000012

GIVEN NAMES: RUTH LOUISE  
LAST NAME: BRONKHORST

COUNTY OF DEATH: GARFIELD  
DATE OF DEATH: JULY 12, 2014 FOUND  
HOUR OF DEATH: 02:00 P.M. PRESUMED  
SEX: FEMALE  
AGE: 80 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2871 HIGHWAY 12 E  
CITY, STATE, ZIP: POMEROY, WASHINGTON 99347

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 2871 HIGHWAY 12 E  
CITY, STATE, ZIP: POMEROY, WASHINGTON 99347  
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

COUNTY: GARFIELD  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 42 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SPOKANE, SPOKANE CNTY, WASHINGTON

FATHER: BILL CARNEY  
MOTHER: ROSE CREAMER

MARITAL STATUS: MARRIED  
SPOUSE: BILL BRONKHORST

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: VINELAND CEMETERY  
CITY, STATE: CLARKSTON, WA  
DISPOSITION DATE: JULY 17, 2014

OCCUPATION: HOME MAKER/FARMER  
INDUSTRY: OWN HOME/FARMING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC  
ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON WA 99403  
FUNERAL DIRECTOR: GERALD E. BARTLOW

INFORMANT: BILL BRONKHORST  
RELATIONSHIP: HUSBAND  
ADDRESS: 2871 HIGHWAY 12 E, POMEROY WA, 99347

- CAUSE OF DEATH:
- A. HEAT STROKE  
INTERVAL: HOURS
  - B. EXTENDED EXPOSURE TO SUN AND HEAT  
INTERVAL: HOURS
  - C. HEART CONDITION  
INTERVAL: YEARS
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:  
LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

ME/CORONER: MATT NEWBERG  
TITLE: CORONER  
ME/CORONER  
ADDRESS: PO BOX 820  
CITY, STATE, ZIP: POMEROY WA 99347  
DATE SIGNED: JULY 17, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE  
NUMBER(S): NONE  
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:  
KATHY CROWNER  
DATE RECEIVED: JULY 17, 2014



DOH 01-003 (5/09)

THIS CERTIFICATE IS VALID ONLY IF FILED IN THE OFFICE OF THE CLERK OF THE SUPERIOR COURT, COUNTY OF GARFIELD, WASHINGTON

521163



# Affidavit for Correction

Center for Health Statistics  
12000 62nd  
Burien, WA 98147-9709  
Phone: 360-430

This is a legal document. Do not sign it until you are ready to file it.

STATE OF WASHINGTON

State File Number

Affidavit Number

Use the notation below for requesting any changes in the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:  First Name  Last Name  Place of Event: (City or County)

4. Father's Full Name (For Birth) (For Marriage or Dissolution) (For Birth) (For Marriage or Dissolution)

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14. I represent the person as:  Self  Parent  Guardian  Informant  Telephone Number:

I declare under penalty of perjury that the above information is true and correct.

15. Signature:

All vital records are registered as received. If you are filing a correction, you must file a court order. The incorrect certificate must be returned within 10 days of the date of filing.

All changes must be established by documentary proof acceptable to the Registrar.  
Examples of documentary proof: Court Order, Hospital Discharge Summary, Medical Records, Birth Certificate, Marriage License, Divorce Decree, Driver's License, Social Security Card (if it bears an attached photo), and Registration Card (front and back)

### Birth Certificates:

1. Only a parent, legal guardian, or grandparent may file an affidavit to correct a birth certificate.
2. The proof(s) must match exactly the information on the original certificate. For example, if the name on the original certificate is Mary Ann Doe, the proof must show the name to be Mary Ann Doe. No nicknames or initials are allowed.
3. Proof must be for the name, date of birth, sex, race, and place of birth.
4. Up to age one, the parent(s) may file an affidavit to correct a birth certificate.  
- This is a one-time only change and must be filed within 30 days of the child's first birthday.  
- The new last name may be the same as the original or a different name.  
- After age one, last name changes require a court order and must be accompanied by an affidavit and documentary proof.
5. Parent(s) may change their child's middle name at any time up to their child's first birthday.
6. This affidavit cannot be used to add a father to a birth certificate. (See Affidavit for Correction - Birth Certificate, form DHS-0245-021)

### Death Certificates:

1. Only the informant, the funeral director, or next of kin may file an affidavit to correct a death certificate. Informants may change the non-medical information.
2. The medical information (cause of death, date and place of death) may only be changed with a court order and a coroner's report.
3. If it is less than sixty days from date of death, funeral home staff and other authorized personnel may make changes.

### Marriage/Dissolution (Divorce) Certificates:

1. Personal facts (date and place of marriage or dissolution) may be changed with proof by the person.
2. To change the date or place of marriage or dissolution, the change must be supported by a court order and an affidavit.

DCH/CHS 523 (Rev. 9/2007)

# CERTIFIED

JUL 18 2014

*Timothy Moody MD* *AMS*

Dr. Timothy Moody  
Health District Officer  
Garfield County Health District  
NN00668752

52163