

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.

<p>1 Name <u>Virginia A Peterson</u></p> <p>Mailing Address <u>2620 27th St</u></p> <p>City/State/Zip <u>Clarkston, WA 99403</u></p> <p>Phone No. (including area code) _____</p>	<p>2 Name <u>Julie K Peterson</u></p> <p>Mailing Address <u>2620 27th St</u></p> <p>City/State/Zip <u>Clarkston, WA 99403</u></p> <p>Phone No. (including area code) <u>509-780-7392</u></p>
<p>3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee</p> <p>Name _____</p> <p>Mailing Address _____</p> <p>City/State/Zip _____</p> <p>Phone No. (including area code) _____</p>	<p>List all real and personal property tax parcel account numbers - check box if personal property</p> <p><u>1-216-00-002-0000-0000</u> <input checked="" type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>List assessed value(s) <u>123,500.00</u></p>

4 Street address of property: 2620 27th St, Clarkston, WA 99403

This property is located in Clarkston Select Location

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)

Lot 2 of Avencerro Addition, according to the official plat thereof, filed in Book E of Plats at Page(s) 25 Official Records of Asotin County, Washington

5 Select Land Use Code(s): 11

Select Land Use Codes _____

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 RCW? 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

Julie K Peterson

PRINT NAME Julie K Peterson

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) WAC 458-61A-202(b)(i)

Reason for exemption Operation of Law Nonprobated will

Type of Document Statutory Warranty Deed

Date of Document May 3, 2019

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0000</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 <u>Virginia A Peterson</u>	Signature of Grantee or Grantee's Agent <u>Julie K Peterson</u>
Name (print) <u>Virginia A Peterson</u>	Name (print) <u>Julie K Peterson</u>
Date & city of signing: <u>Clarkston, WA 99403</u>	Date & city of signing: <u>4-3-19 Clarkston</u>

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)).

CASH BF

Return Address:

2620 27th St
Clarkston Wa 99403
Julie K Peterson

Asotin County, WA
Darla McKay Auditor

361573

05/03/2019 03:26 PM



I-127 LOP
Pgs=3 Fee:\$101.00
JULIE PETERSON

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Julie Kristine Peterson, 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 Daughter, only child
Relationship to decedent

of Virginia Arlene Peterson, who died on Apr. 1, 19
Decedent/Grantor Date

at Clarkston, wa Asotin wa
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 2 of Avencerro addition, according to the official plat thereof, filed in Book E of Plats at Page(s) 25 official Records of Asotin County, Wa

Assessor's Property Tax Parcel/Account Number: 1211000020000000
(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)

(Page 1 of _____)

REV 84 0017 (1/3/17)

^{relative}
Julie K Peterson, 49, Daughter
Full name, age, relationship, address

2620 27th St
Clarkston, WA 99403
Full name, age, relationship, address

Dated: May 3, 2019

Julie K Peterson

Affiant's full name

509) 780-7392

Telephone number

2620 27th St

Clarkston WA 99403

City

Street
State

Zip Code

Julie K Peterson
Signature

May 3, 19
Date

State of Washington County of Asotin

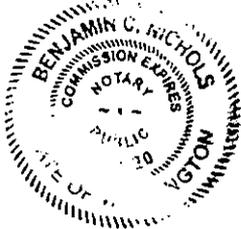
I know or have satisfactory evidence that Julie K. Peterson
(name of person)

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: 05/03/2019

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Asotin

Notary Public in and for the State of Washington

My appointment expires: 03 / 28 / 2020

LAST WILL AND TESTAMENT

OF

VIRGINIA PETERSON

I, VIRGINIA PETERSON, of Pierce County, Washington, declare this to be my LAST WILL AND TESTAMENT. I hereby revoke any and all other and former Wills and Codicils to Wills made by me at any time.

ARTICLE I

IDENTIFICATION OF FAMILY

I state and declare that I am widow. I have one child; namely, JULIE K. PETERSON born March 4, 1970.

ARTICLE II

CONTINGENT TRUST FOR CHILDREN

I give, devise and bequeath all of my property and estate of whatever the same may consist, and wherever the same may be situated unto my daughter JULIE K. PETERSON if she has reached the age of thirty (30) years at the time of my death. If my daughter is less than thirty (30) years of age at the time of my death, I give, devise and bequeath all of the rest, residue and remainder of my property and estate in trust for the use and benefit of my daughter JULIE K. PETERSON upon the following terms and conditions:

- A. My Trustee shall be my brother JOHN WALTIER.
- B. In the event my Trustee is unable to act or, having undertaken Trustee's duties, should die or resign, my substitute trustee shall be my brother DENNIS WALTIER.
- C. 1) My Trustee shall use so much of the income and principal of the trust estate for my daughter's care,

AGE 1 OF THE WILL OF
0111-1.W88

Virginia A. Peterson
VIRGINIA PETERSON

Last Will + Testament of
Virginia A Peterson,

Daughter - Sole Heir

Julie K Peterson

2620 27th St

Clatsop WA 97003

502) 700-7392

Asotin County, WA
Darla McKay Auditor

361574

05/03/2019 03:28 PM



00025722201903615740100100

I-41 WILL
Pgs=10 Fee:\$108.00
JULIE PETERSON

maintenance, health and education including a college or vocation school education as my Trustee determines to be required for those purposes. After my daughter reaches the age of twenty-one (21) years and is no longer attending college or a vocation school, my Trustee has the discretion to accumulate the income or to distribute so much of the income or principal in my Trustee's discretion as shall be necessary for any emergency which my daughter is unable to meet.

C. 2) When my daughter attains the age of twenty-one (21) years, my Trustee shall distribute one-third (1/3) of the trust fund as the same is then constituted; when my daughter reaches the age of twenty-five (25) years, my Trustee shall distribute to her one-half (1/2) of the trust fund as the same is then constituted; and when my daughter reaches the age of thirty (30) years, my Trustee shall distribute to my daughter the balance of the trust fund as the same is then constituted.

D. 1) Upon the death of my daughter before she receives the entire trust fund, my Trustee shall distribute the trust fund or any remaining portion of the same to her descendants then living, per stirpes, subject to the withholding provisions below. If there is no descendant of my daughter, then the trust fund shall be distributed to my two brothers, JOHN WALTIER and DENNIS WALTIER, to be distributed equally, share and share alike, or to the survivor of them.

2) If any descendant of a deceased child is under the age of twenty-one (21) years when my Trustee is directed to distribute to such descendant a part of the trust estate, such part shall be continued in trust until such descendant reaches the age of twenty-one (21) years. When such descendant attains the age of twenty-one (21) years,

such fund shall be distributed to said descendant free of trust. In the meantime, my Trustee shall use so much of the income and principal of such fund for such descendant's reasonable care, maintenance, health and education, including a college or vocational school education, as my Trustee determines to be required for those purposes. In the event of any such descendant's death prior to reaching the age of twenty-one (21) years, any part then so held by my Trustee shall be distributed to such descendant's estate.

ARTICLE III

PROTECTIVE PROVISIONS

A. Neither the income nor the principal of the trusts created by this Will shall be alienable by any beneficiary, whether income beneficiary or remainderman, either by assignment or by any other method. The same shall not be subject to be taken by such beneficiary's creditors or by any representative thereof by any process whatsoever, including, but not limited to, proceedings in bankruptcy. This provision shall not limit the exercise of any power of appointment or the right to disclaim.

ARTICLE IV

POWERS AND DUTIES OF TRUSTEE

A. In addition to the duties, powers and rights imposed and granted by law, my Trustee shall have the power, and the exercise of discretion in the application thereof, to:

(1) Determine the allocation of receipts and expenses between the income and principal in accordance with the Washington Principal and Income Act, provided, however, there is reserved to the Trustee the power to make such equitable allocation as may nevertheless be contrary to the terms of said Act with respect to allocations relating to

PAGE 3 OF THE WILL OF
80111-1.W88

Virginia A. Peterson
VIRGINIA PETERSON

underproductive property, depreciation, trade, and business and farming operations.

(2) Rely with acquittance on advice of counsel on questions of law.

(3) Issue proxies to any of the adult beneficiaries for the purpose of voting stock of any bank or bank-holding company held in trust, including stock in a corporate-trustee and its successors.

(4) Merge or combine any trust hereunder with a trust or trusts otherwise established for the same person or class of persons and with substantially the same provisions, and thereafter to administer and distribute such combined estate as one.

(5) Appoint an ancillary trustee or agent to facilitate management of assets located in another state or foreign country.

(6) Make payments to beneficiaries under a disability by payments directly to such beneficiaries or their parents, custodian, person with whom they reside or legal guardian, or expend such payments for such beneficiaries' benefit.

(7) Resign at any time as trustee of any or all trusts created by this instrument with court proceedings by delivering written notice of such resignation to the beneficiaries who are then entitled to trust income or for whom income is then being accumulated. A majority of the adult income beneficiaries shall then be empowered to name a successor trustee without court proceedings.

(8) Take such action as Trustee deems best to collect the proceeds of life insurance payable to the Trustee and pay the expenses of collection from the trust estate. The Trustee need not enter into or maintain any litigation to

enforce payment on any policy until indemnified to Trustee's satisfaction against all expenses and liabilities to which Trustee may be subjected. Trustee may release the insurance company from liability under any policy and may make any compromise which Trustee deems proper.

(9) Determine whether any transaction, if consummated, would violate or might reasonably be expected to violate any securities law, and to refrain from action accordingly without liability to any beneficiary.

(10) Terminate the trust estate and distribute the proceeds thereof to the beneficiaries entitled thereto by the terms of this Will when the entire value of the trust estate being administered for the benefit of my children and their descendants shall fall below the principal sum of \$20,000.00.

B. My Trustee is authorized to purchase securities or other property, real or personal, from the Personal Representative of the estate of any beneficiary. My Trustee is also authorized to make loans or advancements, secured or unsecured, to the Personal Representative, even though my Trustee is such Personal Representative.

ARTICLE V

NOMINATION OF PERSONAL REPRESENTATIVE

A. I hereby nominate and appoint my brother, JOHN WALTIER, as Personal Representative of this my LAST WILL AND TESTAMENT.

B. If said nominee is unable or unwilling to so act, or, having once accepted, later resigns or becomes unable to perform, I then appoint my brother, DENNIS WALTIER, as my Personal Representative.

C. My Personal Representative shall have full power to mortgage, encumber, lease, sell, exchange and convey

Virginia A. Peterson
VIRGINIA PETERSON

without notice or confirmation any assets of my estate, real or personal, at such prices and terms as to my Personal Representative shall seem just. My Personal Representative may advance funds and borrow money, secured or unsecured, from any source, including a corporate-executor's banking department. My Personal Representative may select any part of the estate in satisfaction of partition or distribution hereunder in kind or money or both. I authorize my Personal Representative to appoint an ancillary representative or agent, if such should become necessary or advisable in the judgment of my Personal Representative.

D. My Personal Representative need not give bond in any jurisdiction. My estate shall be administered by my Personal Representative without the intervention of any court and with all powers granted herein and by law to a personal representative acting with nonintervention powers. I direct that such nonintervention powers be unrestricted.

E. The powers given to my Personal Representative may be exercised whether or not necessary for the administration of my estate.

ARTICLE VI

TAXES AND EXPENSES

A. I direct my Personal Representative to pay all federal estate taxes, state inheritance tax or any succession taxes, and interest and penalties thereon, occasioned or payable by reason of my death, whether attributable to property subject to probate administration or outside transfers, including life insurance proceeds, as well as all fees, expenses, costs, charges and other amounts payable in connection with the administration of my estate from the residue of my estate.

B. I waive for my estate, all rights of reimburse-

Virginia A. Peterson

VIRGINIA PETERSON

ment from the beneficiaries for any such payments.

DATED this 14th day of March, 1988.

Virginia A. Peterson
VIRGINIA PETERSON, Testatrix

STATE OF WASHINGTON)
; ss.
County of Pierce)

We who have as witnesses signed below, being sworn,
say:

Each of us is of legal age and competent to be a witness. On the date shown immediately above, VIRGINIA PETERSON declared the foregoing instrument to be her LAST WILL AND TESTAMENT, signed it in our presence and requested that we sign as witnesses to the Will and that we make this affidavit. Each of us then in the presence of the Testatrix and each other, did sign below as witness of the Will and make this affidavit.

VIRGINIA PETERSON appeared to be of sound mind, of legal age, and not under duress.

Lisa Lachberg, residing at 5920 100th St. SW
WITNESS Tacoma, Washington

Steven M. McKee, residing at 5920 100th St. SW
WITNESS Tacoma, Washington

SUBSCRIBED AND SWORN to before me this 14th day of March, 1988.

A. H. [Signature]
NOTARY PUBLIC in and for the State
of Washington, residing at Tacoma.

MY COMMISSION EXPIRES: 5-6-88

PAGE 7 OF THE WILL OF
80111-1.W88

Virginia A. Peterson
VIRGINIA PETERSON

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-015758

DATE ISSUED: 04/10/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIRGINIA A
LAST NAME(S): PETERSON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: APRIL 01, 2019
HOUR OF DEATH: 03:15 AM

SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: ██████████

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

BIRTH DATE: ██████████
BIRTHPLACE: TACOMA, WA

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: PHONE OPERATOR
INDUSTRY: PHONE SERVICE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: JULIE PETERSON
RELATIONSHIP: DAUGHTER
ADDRESS: 2620 27TH ST, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: ARTERIOSCLEROTIC HEART DISEASE
INTERVAL: YEARS
B: HYPOTENSION
INTERVAL: 36 HOURS
C: GASTROINTESTINAL BLEED
INTERVAL: 36 HOURS
D: GASTRIC ULCER
INTERVAL: 2 DAYS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2620 27TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: EUGENE WALTIER
MOTHER/PARENT: MARION WAKEMAN

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNTAIN VIEW MEMORIAL PARK

CITY/STATE: LAKEWOOD, WASHINGTON
DISPOSITION DATE: APRIL 12, 2019

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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MICHAEL DRIVER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: APRIL 05, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: MICHAEL DRIVER, MD

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: APRIL 09, 2019

NOT VALID IF PHOTOCOPIED OR ALTERED

DoH 422-132 (4/18)



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*

Record Type: Birth Death Marriage Dissolution (Divorce)

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

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

Telephone Number: _____ 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 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to 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 | Adult (18 years or older) |
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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

APR 10 2019

Glenn Houser MD
 Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



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