

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
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Initials			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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: P.O. Box or Street Address City State Zip				
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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

1. 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.
2. 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.
3. 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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

FEB 27 2019



Dr. Glenn Houser
Health District Officer
Garfield County Health District



0 1 2 2 0 2 3 7

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-008758

DATE ISSUED: 02/27/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): INGO
LAST NAME(S): BAUMGARTEN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 24, 2019
HOUR OF DEATH: 05:37 AM
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: ~~020000000~~

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 627 13TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 627 13TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: SEPTEMBER 07, 1952
BIRTHPLACE: HAMBERG GERMANY

FATHER/PARENT: EWALD BAUMGARTEN
MOTHER/PARENT: ROSA MARIE ROSEBERG

MARITAL STATUS: MARRIED
SPOUSE: ROBIN A. CASTLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMAORY

OCCUPATION: OWNER/OPERATOR
INDUSTRY: TRUCKING/ TRUCK DRIVER
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 26, 2019

INFORMANT: ROBIN BAUMGARTEN
RELATIONSHIP: WIFE
ADDRESS: 627 13TH STREET CLARKSTON WA 99403

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:
A: RENAL CELL CARCINOMA WITH METASTASIS

INTERVAL: MONTHS

B: NOT APPLICABLE
INTERVAL: N/A

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NON CONTRIBUTORY

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

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

CERTIFIER NAME: CELSO R. CHAVEZ, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1522 17TH STREET
CITY, STATE, ZIP: LEWISTON, ID 83501
DATE SIGNED: FEBRUARY 25, 2019

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY
DATE RECEIVED: FEBRUARY 26, 2019

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SELF-PROVING AFFIDAVIT

State of Washington
County of Asotin

I, Ingo Baumgarten, the undersigned Testator, being first duly sworn, do declare to the undersigned authority that I signed and executed the attached or annexed instrument as my Last Will and Testament and that I signed it willingly, that I executed it as my free and voluntary act for the purposes expressed in that document and that at the time I signed the document I was eighteen years of age or older, of sound mind and under no constraint or undue influence.

Date: 12-31-10 *Ingo Baumgarten*
(Signature of Ingo Baumgarten)

We, the undersigned witnesses, being first duly sworn, do each declare to the undersigned authority the following: (1) the Testator declared to each of us that the attached or annexed instrument is his or her Last Will and Testament; (2) the Testator executed the will in our presence; (3) each of us, in the presence of the Testator, signed the will as witness; and (4) to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and under no constraint or undue influence.

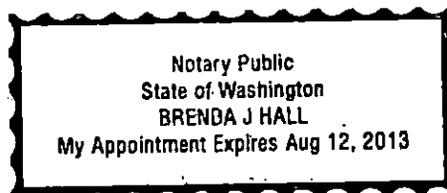
- 1. *[Signature]* Michael Mustello
(Signature of witness) (Print Name)
- 2. Betsi Rowden Betsi Rowden
(Signature of witness) (Print Name)

Acknowledgement of Notary Public:

Subscribed, sworn and acknowledged to me on this 31st day of December, 2010, by Ingo Baumgarten, as Testator, and Michael Mustello and Betsi Rowden, as witnesses.

Witness my hand and seal.

Signature of Notary Public: *Brenda J Hall*



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(B) I wish my Executor to have broad and reasonable discretion in the administration of my Estate, to have all of the powers permitted to be exercised by an Executor under state law, and to be able to do everything he or she deems advisable for the best interest of my Estate and the Heirs thereof, all without the necessity of court approval or supervision. I direct that my Executor perform all acts, take all such proceedings, and exercise all such rights and privileges, although not specifically mentioned in this Will, with relation to any such property, as if the absolute owner thereof; and in connection therewith, to make, execute and deliver any instruments, and to enter into any covenants or agreements binding my Estate or any portion thereof.

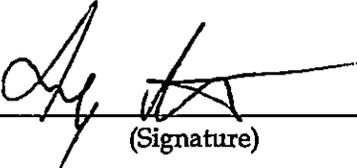
(C) No such person named in, or appointed in connection with this Will in a fiduciary capacity shall be required to file any bond or other security for the faithful performance of his or her duties as such fiduciary in any jurisdiction; and if, despite this directive, a bond should be required, I request that it be accepted without sureties and in a nominal amount.

NON-LIABILITY OF FIDUCIARIES

Any fiduciary, including my Executor and any trustee, who in good faith endeavor to carry out the provisions of this Last Will and Testament, shall not be liable to me, my Estate, or my heirs, for any damages or claims arising because of their actions or inactions based on this Last Will and Testament. My Estate shall indemnify and hold them harmless.

SAVING CLAUSE

If a court of competent jurisdiction shall at any time invalidate or find unenforceable any provision of this Will, such invalidation shall not be construed as invalidating the whole of this Will. All of the remaining provisions shall be undisturbed as to their legal force and effect. If a court finds that an invalidated or unenforceable provision would become valid if it is limited, then such provision shall be deemed to be written, deemed, construed and enforced as so limited.


(Signature)

DEBT CLAUSE

I direct that the executor named pursuant to this Last Will and Testament review (as soon after my death as practical) all of my just debts and obligations, including funeral expenses and the expenses incident to my last illness; excepting those long term debts secured by real or personal property which may be assumed by the Heir of such property, unless such assumption is prohibited by law or upon agreement by the Heir. The executor shall pay these just debts only after the creditor provides sufficient evidence to support their claim.

My executor shall pay out of my gross Estate, as if they were my debts, and without proration or apportionment, all estate and inheritance taxes, by whatever name called (including any interest due thereon), becoming payable because of my death in respect to all property comprising my gross Estate for death tax purposes, whether or not such property passes under this Last Will and Testament.

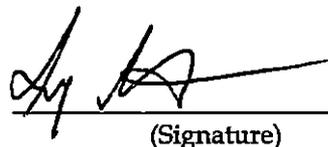
I further direct that if any Heir or Heirs named in this Last Will and Testament should be indebted to me at the time of my death, and evidence of such indebtedness is provided or made available to the Executor of my Estate, then that share of my Estate which I give, devise, and bequeath to any and each such Heir shall be reduced in value by an amount equal to the proven indebtedness of such Heir or Heirs, unless I have specifically provided in this Last Will and Testament for the forbearance of such debt, or unless such Heir is the sole Principal Heir.

COMMON DISASTER CLAUSE

In the event my spouse and I shall both die in, or as a result of, a common accident or disaster, or under such circumstances that the order of our deaths cannot be established by proof, then I direct that for purposes of this Last Will and Testament, my spouse shall be deemed to have predeceased me.

PRINCIPAL DISTRIBUTION CLAUSE

I give, devise, and bequeath to my spouse, Robin Baumgarten (my "Principal Heir"), if my spouse shall survive me, 100% of my gross Estate after payment of all my just debts, expenses and taxes.



(Signature)

EXHIBIT "A"

434161

Lot 3 of Bircher Addition, according to the official plat thereof, recorded May 16, 2003 as Instrument No. 267927, Official Records of Asotin County, Washington.

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Full name, age, relationship, address

Dated : June 27, 2019

Robin A. Baumgarten

Affiant's full name

(509) 290-2332

Telephone number

950 Vineland Dr. #48

Street

Clarkston

City

WA

State

99403

Zip Code

Robin A Baumgarten
Signature

7-1-2019
Date

State of WA County of Asotin

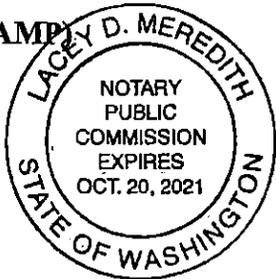
I know or have satisfactory evidence that Robin A. Baumgarten

(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: 7/1/19

(SEAL OR STAMP)



Lacey D. Meredith
Signature of Notary Public

Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 10/20/2021



AFFIDAVIT (LACK OF PROBATE)

Robin A. Baumgarten, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is the widow

(relationship to decedent) of Ingo Baumgarten (decedent), who died on (date)

February 24, 2019, 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: 627 13th Street

Clarkston WA 99403
City 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)

Rosa Marie Baumgarten, _____, Daughter

604 15th St. S.E. Minnet, ND 58701
 Full name, age, relationship, address

Carmen Murray Deeley, _____, Stepdaughter

1311 #A N.E. 20th St. Oklahoma City, OK 73111
 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

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Return Address

Robin A. Baumgarten
950 Vineland Dr. #48
Clarkston, WA 99403

Please print or type information

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

1. Affidavit (Lack of Probate)
- 2.
- 3.
- 4.

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

1. Baumgarten, Ingo
- 2.
- 3.
4.
 Additional names on page __ of document.

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

1. To the public
- 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.

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