

# Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2023.  
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.  
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % \_\_\_\_\_ sold.

List percentage of ownership acquired next to each name.

**1 Seller/Grantor**

Name Diana M. Zagelow, married sole and separate and Michael E. Wood, unmarried  
Mailing address 2426 Seaport Drive  
City/state/zip Lewiston, ID 83501  
Phone (including area code) \_\_\_\_\_

**2 Buyer/Grantee**

Name Stanley Long, unmarried  
Mailing address 2147 Appleside Boulevard  
City/state/zip Clarkston, WA 99403  
Phone (including area code) \_\_\_\_\_

**3 Send all property tax correspondence to:**  Same as Buyer/Grantee

Name Stanley Long  
Mailing address 2147 Appleside Blvd  
City/state/zip Clarkston, WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-058-00-011-0002-0000</u>	<input type="checkbox"/>	<u>\$ 124,400.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4 Street address of property** 2147 Appleside Boulevard, Clarkston, WA 99403  
This property is located in Asotin County (for unincorporated locations please select your county)

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 you need more space, attach a separate sheet to each page of the affidavit).

See attached legal.

**5** 11 - Household, single family units

**7 List all personal property (tangible and intangible) included in selling price.**

Enter any additional codes \_\_\_\_\_  
(see back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)?  Yes  No

If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection) \_\_\_\_\_  
Reason for exemption \_\_\_\_\_

Is this property predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions)  Yes  No

**6** Is this property designated as forest land per RCW 84.33?  Yes  No  
Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34?  Yes  No

Type of document Statutory Warranty Deed  
Date of document 5/19/2023 510-23

Is this property receiving special valuation as historical property per RCW 84.26?  Yes  No

Gross selling price	<u>185,000.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>0.00</u>
Taxable selling price	<u>185,000.00</u>
Excise tax: state	
Less than \$525,000.01 at 1.1%	<u>2,035.00</u>
From \$525,000.01 to \$1,525,000 at 1.28%	<u>0.00</u>
From \$1,525,000.01 to \$3,025,000 at 2.75%	<u>0.00</u>
Above \$3,025,000 at 3%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>2,035.00</u>
0.0025 Local	<u>462.50</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>2,497.50</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>0.00</u>
Total due	<u>2,502.50</u>

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 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 signature \_\_\_\_\_ 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) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

**(3) NEW OWNER(S) SIGNATURE**

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Print name \_\_\_\_\_ Print name \_\_\_\_\_

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

Signature of grantor or agent \_\_\_\_\_  
Name (print) Diana M. Zagelow  
Date & city of signing 5/19/2023- Lewiston, ID

Signature of grantee or agent Stanley Long  
Name (print) Stanley Long  
Date & city of signing 5/19/2023- Clarkston, WA

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

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

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EXHIBIT "A"

636237

That part of Lots 6, 7 and 11 of Andreasen's Subdivision according to the plat recorded in Book C of Plats, at page 81, in the official records of Asotin County, Washington

From the Northwest corner of Lot 6 in said Andreasen's Subdivision; thence South 70°23' East a distance of 116.33 feet along the North boundary of said Lot 6 to the True Place of Beginning; thence continue on the above mentioned course for a distance of 84.0 feet to the Northeast corner of said Lot 6 which said point is also on the Northwest corner of Lot 11 in said Andreasen's Subdivision; thence North 89°57' East a distance of 106.21 feet along the North boundary of said Lot 11 to the Northeast corner thereof; thence South 19°37' West a distance of 137.0 feet along the East boundary of said Lot 11; thence North 73°09' West a distance of 100.1 feet to a point on the West boundary of said Lot 11; thence South 19°37' West a distance of 13.9 feet along said West boundary line to a point 20 feet Southwesterly from the Northeast corner of said Lot 7; thence North 70°23' West (on a line 20 feet distance from and parallel to the North line of said Lot 7) for a distance of 84.0 feet; thence North 19°37' East a distance of 120.0 feet to the True Place of Beginning.

56078

Return Address  
c/o Diana Zagelow  
2426 Seaport Drive  
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. Wood, Jack 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. The Public 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.)  <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  <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.

56078

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-037973

DATE ISSUED: 08/22/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JACK WESLEY  
LAST NAME(S): WOOD

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: AUGUST 15, 2020  
HOUR OF DEATH: UNKNOWN  
SEX: MALE  
AGE: 83 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2157 APPLESIDE BOULEVARD  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: [REDACTED]  
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 2147 APPLESIDE BOULEVARD  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 22 YEARS

BIRTH DATE: OCTOBER 31, 1936  
BIRTH PLACE: MOSCOW, ID

FATHER: MORRIS WOOD  
MOTHER: GRACE DAHL

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: TRUCK DRIVER  
INDUSTRY: LONG HAUL TRUCKING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: AUGUST 20, 2020

INFORMANT: DIANA ZAGELOW  
RELATIONSHIP: DAUGHTER  
ADDRESS: 2428 SEAPORT DRIVE, LEWISTON, IDAHO 83501

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

ADDRESS: 1711 18TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: JAMIE M. CRONINGER

CAUSE OF DEATH:  
A. CARDIAC DYSRHYTHMIA  
INTERVAL: YEARS  
B. PERIPHERAL VASCULAR DISEASE  
INTERVAL: YEARS

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

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEAT EXPOSURE  
HYPERTENSION

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

CERTIFIER NAME: LISA WEBBER  
TITLE: CORONER/IME  
CERTIFIER ADDRESS: PO BOX 220  
CITY, STATE, ZIP: ASOTIN, WA 99402  
DATE SIGNED: AUGUST 19, 2020

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: AUGUST 19, 2020

56078



# 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: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: (City or County)

4. Father/Parent Full Birth 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: PO 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 2nd parent (if required):

Printed name: Date: Printed name: 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 Numidnt Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-651)

**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:**

- 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 using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

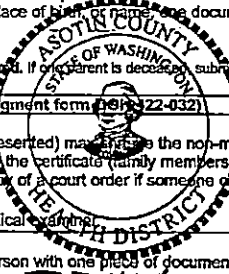
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form (PH 322-032))

**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). 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



Bob Lutz, M.D., MPH  
Health Officer

AUG 24 2020

56078



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



0 3 0 4 8 9 5 7

Return Address  
c/o Diana Zagelow  
2426 Seaport Drive  
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. Wood, Cecelia M. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. The Public 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/tr.)  <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  <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.

56078

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-034580

DATE ISSUED: 08/07/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CECELIA M  
LAST NAME(S): WOOD

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JULY 31, 2019  
HOUR OF DEATH: 09:50 AM  
SEX: FEMALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MARCH 16, 1941  
BIRTH PLACE: NORTH ADAMS, MA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JACK W WOOD

OCCUPATION: TRAVEL AGENT  
INDUSTRY: COMMERCIAL TRAVEL  
EDUCATION: NO DIPLOMA, 9TH-12TH GRADE  
US ARMED FORCES: NO

INFORMANT: JACK W WOOD  
RELATIONSHIP: HUSBAND  
ADDRESS: 2147 APPELSEIDE BOULEVARD, CLARKSTON, WASHINGTON

CAUSE OF DEATH:  
A: ALZHEIMER'S DISEASE  
INTERVAL: 4 YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES; NORMAL  
PRESSURE HYDROCEPHALUS; 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: 2147 APPELSEIDE BOULEVARD  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2147 APPELSEIDE BOULEVARD  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: STANLEY CLEBA  
MOTHER/PARENT: DOROTHY M KING

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: PINE CREST CEMETERY

CITY, STATE: DEARY, IDAHO  
DISPOSITION DATE: AUGUST 07, 2019

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

ADDRESS: 1711 18TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: JAMIE M. CLONINGER

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: AUGUST 03, 2019

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: AUGUST 06, 2019

DOI 472-132 (4/19)

56078



# Affidavit for Correction

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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: 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) 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: 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:**

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

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

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

Printed name: Date: Printed name: 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 Numidert Report
- Certificate of Naturalization
- Hospital/medical record
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- Documentary proof must be five or more years old or established within five years of birth.

**Child under 18**

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**Adult (18 years or older)**

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**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.**

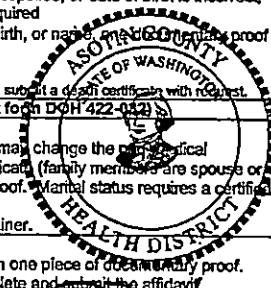
**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DPH 422-042)**

**Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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.



Bob Lutz, M.D., MPH  
Health Officer

AUG 07 2019

56078



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