



**EXHIBIT "A"**

524092

That part of Lot 7 in Block One of Town & Country Estates Addition to Clarkston Heights, according to plat recorded in Book C of Plats at page 125, in Asotin County, Washington, more particularly described as follows:

Beginning at the Southeast corner of Lot 7, said point being on the Westerly right of way line of County road; thence Northerly along said right of way line on a curve to the left with a radius of 370.0 feet for a distance of 93.10 feet to the Northeast corner of said Lot 7; thence South 69°10' West along the North line of said Lot 7 for a distance of 125.0 feet; thence South 15°4' West for a distance of 113.71 feet to a point on the South line of said Lot 7; thence North 69°10' East along said Lot line for a distance of 180.0 feet to The Place of Beginning.

AND

That part of Lot 7 in Block One of Town & Country Estates Addition to Clarkston Heights, according to plat recorded in Book C of Plats at page 125, in Asotin County, Washington, more particularly described as follows:

Commencing at the Northeast corner of said Lot 7, said point being on the Westerly right of way line of Country Court; thence South 69°10' West along the North line of said Lot 7 for a distance of 125.0 feet to the True Point of Beginning; thence continue South 69°10' West for a distance of 20.85 feet; thence South 5°45' West a distance of 103.00 feet; thence North 15°04' East a distance of 113.71 feet to The Point of Beginning.

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### AFFIDAVIT (LACK OF PROBATE)

KATHLEEN A. ROSS, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is SPOUSE  
 (relationship to decedent) of BRADLY S. ROSS (decedent), who died on (date)

OCTOBER 3, 2020, at  
3028 COUNTRY CRT CLARKSTON (ASOTIN) WA  
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: 3028 COUNTRY CRT  
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)

KATHLEEN ANN ROSS - 60 YRS - SURVIVING SPOUSE  
3028 COUNTRY CRT CLARKSTON WA 99403  
 Full name, age, relationship, address

CHRISTOPHER ROSS - 42 YRS - SON  
PO BOX 181 HELMVILLE MT 59843  
 Full name, age, relationship, address

SHAUN ROSS - 41 YRS - SON  
1196 ADVANCE DR BOZEMAN MT 59718  
 Full name, age, relationship, address

\_\_\_\_\_  
 Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12-31-2020

KATHLEEN ANN ROSS  
Affiant's full name

612.281.3942  
Telephone number

3028 COUNTRY CRT

CLARKSTON WA 99403  
City State Zip Code

[Signature]  
Signature

12-31-2020  
Date

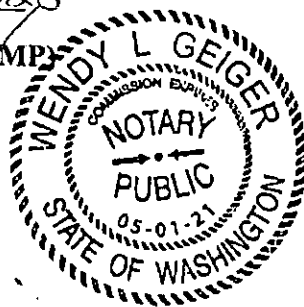
State of Washington County of Asotin

I know or have satisfactory evidence that Kathleen A. Ross  
(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: 12/31/2020

(SEAL OR STAMP)



[Signature]  
Signature of Notary Public

Residing at: Clarkston WA

Notary Public in and for the State of Washington

My appointment expires: 05/2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 10/13/2020  
FEE NUMBER:

CERTIFICATE NUMBER: 2020-046210

FIRST AND MIDDLE NAME(S): BRADLY  
LAST NAME(S): ROSS

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: OCTOBER 03, 2020  
HOUR OF DEATH: 04:05 PM  
SEX: MALE AGE: 64 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KATHLEEN A MURPHY

OCCUPATION: POSTAL SERVICE  
INDUSTRY: U.S. GOVERNMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: KATHLEEN A ROSS  
RELATIONSHIP: WIFE  
ADDRESS: 3028 COUNTRY CRT., CLARKSTON, WA 99403

CAUSE OF DEATH:  
A: METASTATIC PROSTATE CANCER  
INTERVAL: 11 YEARS  
B: INTERVAL:  
C: INTERVAL:  
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 3028 COUNTRY CT  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403-1645

RESIDENCE STREET: 3028 COUNTRY CT  
CITY, STATE, ZIP: CLARKSTON, WA 99403-1645  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: JAMES A ROSS JR  
MOTHER: DOROTHY J ADAMS

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: OCTOBER 08, 2020

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: GERALD E. BARTLOW

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: ELIZABETH N. BLACK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: OCTOBER 06, 2020

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: OCTOBER 07, 2020

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# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

### 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**

**Required**

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 foregoing 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 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 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 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). 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 official (marriage) or clerk of court (dissolution) must complete and submit the affidavit

# CERTIFIED

DOH 422-034 January 2015

OCT 13 2020

*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.



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