

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC
(See back of last page for instructions)

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name

SELLER GRANTOR	1 Name <u>Deborah L. Zellerhoff Personal Representative</u> <u>Estate of Geneva A. Walker, deceased</u>	BUYER GRANTEE	2 Name <u>John D. VanPelt</u>
	Mailing Address <u>1725 Cherry Street</u>		Mailing Address <u>1219 Elm St</u>
	City/State/Zip <u>Clarkston WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</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 <u>John D. VanPelt</u>		10041800700030000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) 154,800.00	

4 Street address of property: 1219 Elm Street, Clarkston, WA
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.
see attached legal description

5 Select Land Use Code(s):
11-Single Family
enter any additional code(s):
(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 _____

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 Personal Representative Deed
Date of Document 12/20/2020

Gross Selling Price	\$ <u>140,000.00</u>	0.00
*Personal Property (deduct)	\$ _____	0.00
Exemption Claimed (deduct)	\$ _____	0.00
Taxable Selling Price	\$ <u>140,000.00</u>	0.00
Excise Tax : State	\$ <u>1,540.00</u>	0.00
Local	\$ <u>350.00</u>	0.00
*Delinquent Interest: State	\$ _____	0.00
Local	\$ _____	0.00
*Delinquent Penalty	\$ _____	0.00
Subtotal	\$ <u>1890.00</u>	0.00
*State Technology Fee	\$ _____	5.00
*Affidavit Processing Fee	\$ <u>0</u>	0.00
Total Due	\$ <u>1895.00</u>	0.00

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 Deborah L. Zellerhoff Signature of Grantee or Grantee's Agent John D. VanPelt
Name (print) Deborah L. Zellerhoff Personal Representative Name (print) John D. VanPelt
Date & city of signing: 12-22-2020, Clarkston, WA Date & city of signing: 1-12-2021, Clarkston, WA

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)).

EPT

EXHIBIT "A"

504872

That part of Lot 7 in Block "Y" of Vineland, according to the official plat thereof, filed in Book A of Plats at Page(s) 19, records of Asotin County, Washington, more particularly described as follows: Commencing at the Northwest corner of said Lot 7 in Block "Y" of Vineland, being the centerline of Elm Street; thence East along the centerline of Elm Street a distance of 106.5 feet to a point; thence South parallel with the West boundary line of said Lot 7 a distance of 194 feet to a point; thence West on a line parallel with the centerline of Elm Street a distance of 106.5 feet to the West boundary line of said Lot 7; thence North along the West boundary line of Lot 7 a distance of 194 feet to the Place of Beginning.



53843

FILED

2019 DEC -4 AM 11:11

MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

No. 19-4-00087-02

GENEVA A. WALKER,
Deceased.

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

WHEREAS, the Last Will and Testament of Geneva A. Walker, deceased, was on the 4th day of December, 2019, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Deborah L. Zellerhoff is the person nominated as Personal Representative in said Will;

WHEREAS, Deborah L. Zellerhoff has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative,

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said Deborah L. Zellerhoff to execute the terms of the Will with nonintervention powers according to law.

5 NF

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

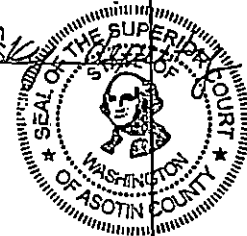
Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

53843

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

WITNESS, Gary J. Libey, Judge Pro Tem of
our Superior Court, and the seal of said Court
hereto affixed this 4th day of December,
2019.

Shula Stachofsky
Clerk of the Superior Court



STATE OF WASHINGTON)
 : ss.
County of Asotin)

I, McKenzie A. Kelley, County Clerk of the County of Asotin, State of Washington,
and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do
hereby certify that the within and foregoing is a full, true, and correct copy of the Letters
Testamentary and of the whole thereof, as the same are now on file and of record in the above
entitled cause in my office and custody. Said Letters have never been revoked and are still in
Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said
Superior Court this _____ day of December, 2019.

County Clerk & Ex-Officio Clerk of
the Superior Court

By _____
Deputy

Pl. Lot 7, BIK 1/4 Vineland

90100
1 1/2 REAL ESTATE SALES TAX
PAID \$35.00 DATE 7/22/85
RECEIPT NO. 17186
ASOTIN COUNTY TREASURER
BY Jerry McForest

187227 RECORDED
REQUEST OF Nancy Spear
NANCY SPEAR, ASOTIN COUNTY CLERK

STATUTORY WARRANTY DEED

1 The Grantor, EDDIS N. BENNETT, a widow for and in consideration
2 of Ten Dollars, and other good and valuable consideration,
3 in hand paid, does hereby convey and warrant unto JAMES G. WALKER
4 and GENEVA A. WALKER, husband and wife, a one-half interest and
5 CLINTON JAMES WALKER, a one-half interest as joint tenants with
6 right of survivorship, the Grantees, the following described real
7 property, situate in the County of Asotin, State of Washington,
8 to-wit:
9

11 That part of Lot Seven (7) in Block "Y" of
12 VINELAND, Asotin County, Washington, according
13 to the recorded plat thereof, particularly
14 described as follows:

15 Commencing at the Northwest corner of said
16 Lot Seven (7) in Block "Y" of VINELAND, being
17 the center line of Elm Street; thence East
18 along the center line of Elm Street a
19 distance of 106.5 feet to a point; thence
20 South parallel with the West boundary line of
21 said Lot Seven (7) a distance of 194 feet to
22 a point; thence West on a line parallel with
23 the center line of Elm Street a distance of
24 106.5 feet to the West boundary line of said
25 Lot Seven (7); thence North along the West
26 boundary line of Lot Seven (7) a distance of
27 194 feet to the Place of Beginning.

28 DATED this 19th day of July, 1985.

29 *Eddis N. Bennett*
30 EDDIS N. BENNETT



31 STATUTORY WARRANTY DEED
32

JOHN M. LINDER
Asotin County
CLERK OF COURTS
PHONE 725-3823

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

CERTIFICATE OF DEATH

STATE FILE NO. **180**

1. DECEASED'S LEGAL NAME (CHECK ANNY 4 ANY 0) (Last, First, Middle)		2. SEX		3. SOCIAL SECURITY NUMBER	
James Noody Walker		Male		[REDACTED]	
4. AGE (LAST BIRTHDAY) (CHECK UNDER 1 YEAR) (M, F, Y) (DATE OF BIRTH (MM/DD/YYYY))		5. BIRTH PLACE (City, Town, or Foreign Country)			
76 (Years)		Mabton, Washington			
6. RESIDENCE - STATE OR FOREIGN COUNTRY (Full County)		7. CITY OR TOWN			
Washington		Clarkston			
8. STREET AND NUMBER		9. APT. NO.		10. ZIP CODE	
1219 Elm, St		99403		[REDACTED]	
11. MARITAL STATUS AT TIME OF DEATH		12. DECEASED'S SPOUSE'S NAME (Last, First, Middle Name)			
Married		Geneva Walker			
13. DECEASED'S MARRIAGE (Full, Legal, Last Name)		14. BIRTH PLACE (State, Territory, or Foreign Country)			
Noody		Washington			
15. DECEASED'S MARRIAGE (First, Middle, Last Name)		16. BIRTH PLACE (State, Territory, or Foreign Country)			
Dora Noody		Washington			
17. DECEASED'S MARRIAGE (First, Middle, Last Name)		18. BIRTH PLACE (State, Territory, or Foreign Country)			
Geneva A. Walker		Washington			
19. DECEASED'S MARRIAGE (First, Middle, Last Name)		20. BIRTH PLACE (State, Territory, or Foreign Country)			
Geneva A. Walker		Washington			
21. PLACE OF DEPOSITION (Name and address of cemetery)		22. PLACE AND ADDRESS OF FUNERAL FACILITY			
Vineyard Cemetery Clarkston, WA		Merchant Funeral Home 1000 7th. St. Clarkston, WA			
23. TYPE OF FUNERAL (Check one)		24. LICENSE NUMBER (If known)			
Burial		[REDACTED]			
25. PLACE OF DEATH (Hospital, Home, etc.)		26. DATE (MM/DD/YYYY) (Time of Death)			
Life Care Center of Lewiston		April 29, 2005			
27. CAUSE OF DEATH		28. AGGRAVATING CAUSE (If any)			
CHF		[REDACTED]			
29. MANNER OF DEATH (Check one)		30. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
Natural		Yes			
31. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		32. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
33. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		34. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
35. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		36. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
37. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		38. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
39. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		40. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
41. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		42. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
43. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		44. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
45. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		46. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
47. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		48. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
49. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		50. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
51. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		52. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
53. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		54. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
55. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		56. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
57. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		58. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
59. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		60. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
61. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		62. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
63. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		64. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
65. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		66. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
67. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		68. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
69. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		70. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
71. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		72. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
73. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		74. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
75. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		76. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
77. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		78. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
79. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		80. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
81. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		82. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
83. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		84. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
85. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		86. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
87. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		88. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
89. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		90. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
91. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		92. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
93. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		94. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
95. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		96. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
97. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		98. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			
99. DO YOU KNOW USE OF TOXIC DRUGS OR ALCOHOL?		100. WERE ANY OTHER PHYSICIANS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
No		Yes			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: May 5, 2005

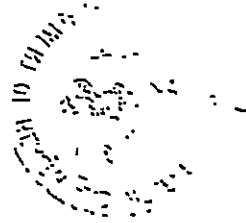
JANE'S SMITH
STATE REGISTRAR

53843

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department prior to filing with the Bureau of Health Policy and Vital Statistics.

Lewis A. Larson, assistant
Local Vital Statistics Registration Official



001659692

53843

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-050790

DATE ISSUED: 11/27/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CLINTON JAMES
LAST NAME(S): WALKER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 20, 2018
HOUR OF DEATH: 09:20 AM
SEX: MALE AGE: 59 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1219 ELM ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CLARKSTON, WA

FATHER/PARENT: JAMES WALKER
MOTHER/PARENT: GENEVA BALTER

MARITAL STATUS: SINGLE, NEVER MARRIED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: VINELAND CEMETERY

OCCUPATION: MILL WORKER
INDUSTRY: LUMBER MILL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: CLARKSTON, WASHINGTON
DISPOSITION DATE: NOVEMBER 28, 2018

INFORMANT: GENEVA WALKER
RELATIONSHIP: MOTHER
ADDRESS: 1219 ELM ST, CLARKSTON, WA, 99403

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

CAUSE OF DEATH:
A: ANOXIC ENCEPHALOPATHY
INTERVAL: 2 DAYS
B: INTERCEREBRAL HEMORRHAGE
INTERVAL: 1 WEEK
C: HEAD TRAUMA
INTERVAL: 1 WEEK
D:
INTERVAL:

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

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

CERTIFIER NAME: DAVID B. MARTIN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1119 HIGHLAND AVE STE 3
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: NOVEMBER 20, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: NOVEMBER 21, 2018



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-235-4300

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
-------------------	------------	----------	------	------------------

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:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	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)	
First	Middle	Last/Maiden	First	Middle
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:

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 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**
- 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.

CERTIFIED

DOH 422-034 October 2015

10/27 2018 gm

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



0 1 2 2 0 1 0 7

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

53843