

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

Only for sales in a single location code on or after January 1, 2020.  
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 The Estates of Robert F. Steigers and Marion M. Steigers, deceased

Mailing address 1443 Hillcrest Way

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 758-6444

**2 Buyer/Grantee**

Name Heather R. Steigers, a single woman

Mailing address 1443 Hillcrest Way

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 758-6444

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

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City/state/zip \_\_\_\_\_

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-041-25-002-0004-0000</u>	<input type="checkbox"/>	<u>\$ 202,300.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4** Street address of property 1443 Hillcrest Way, Clarkston, WA 99403

This property is located in Clarkston (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).

Please see attached Exhibit A.

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

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

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

Is this property receiving special valuation as historical property per RCW 84.26?  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 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 Heather R. Steigers

Name (print) Heather R. Steigers, Personal Representative

Date & city of signing 11/09/2021, Clarkston, WA 99403

Signature of grantee or agent Heather R. Steigers

Name (print) Heather R. Steigers

Date & city of signing 11/09/2021, Clarkston, WA 99403

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.

**7** List all personal property (tangible and intangible) included in selling price.  
If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection) WAC 458-61A-202(6)(f)  
Reason for exemption

Transfer by inheritance under Wills probated in Asotin County Superior Court Cause No. 21-4-00024-02.

Type of document Personal Representative's Deed  
Date of document 11/09/2021

Gross selling price	<u>202,300.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>202,300.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	
Less than \$500,000.01 at 1.1%	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28%	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75%	<u>0.00</u>
Above \$3,000,000 at 3%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>0.00</u>
0.0025 Local	<u>0.00</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>0.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>5.00</u>
Total due	<u>10.00</u>

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

0200  
**PAID**  
NOV 10 2021  
ASOTIN COUNTY  
TREASURER

Gilkins + Dukes PLLC  
OK# 2224

EXHIBIT A

Legal Description

From the concrete monument at the Southeast corner of Lot Three (3) of Block "H- 1" of CLARKSTON HEIGHTS, thence South 33°18' East a distance of Fifty-five (55) feet to the place of beginning; thence North 56°42' East a distance of 55.24 feet to a point on the centerline of county road; thence South 20°22' East a distance of 97.47 feet along said centerline to a point; thence South 56°42' West a distance of 273.7 feet to a point on the centerline of county road; thence North 56°44' West along centerline of county road to a point which is South 56°42' West from the point of beginning; thence North 56°42' East parallel to and ninety- five (95) feet distant from the South line of lot herein described to the true point of beginning, all being a part of Lot Two (2) of Block "H-1" of Clarkston Heights, Asotin County, Washington.

Tax Parcel No. 1-041-25-002-0004-0000

more commonly known as 1443 Hillcrest Way, Clarkston, WA 99403.

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CERTIFIED

FILED

2021 MAR 25 PM 4: 25

MCKENZIE A. CAMPBELL  
COUNTY CLERK  
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estates of:

ROBERT F. STEIGERS and  
MARION M. STEIGERS,

Deceased.

No. 21-4-00024-02  
LETTERS TESTAMENTARY WITH  
NONINTERVENTION POWERS

WHEREAS, the Last Wills and Testaments of Robert F. Steigers and Marion M. Steigers, both deceased, were on the 25<sup>th</sup> day of March, 2021, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Heather R. Steigers is the person nominated as Personal Representative in said Wills;

WHEREAS, Heather R. Steigers 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 people by these presents, that we do hereby authorize the said Heather R. Steigers to execute the terms of the Wills with nonintervention powers according to law.

LETTERS TESTAMENTARY WITH  
NONINTERVENTION POWERS

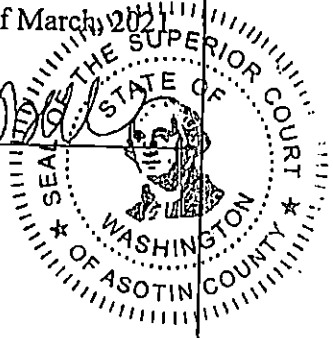
Gittins & Dukes, PLLC  
843 Seventh Street  
Clarkston, WA 99403  
(509)758-2501  
Facsimile: (509) 758-3576

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WITNESS, Brooke J. Burns, Judge of our Superior Court, and the seal of said Court hereto affixed this 25th day of March, 2021

*McKenzie Campbell*  
Clerk of the Superior Court



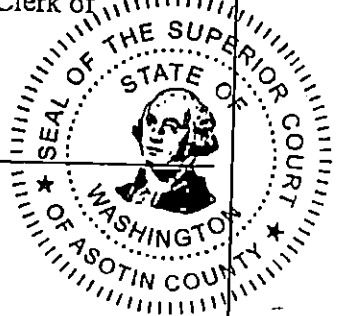
STATE OF WASHINGTON       )  
  : ss.  
County of Asotin                 )

I, McKenzie A. Campbell, 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 25th day of March, 2021.

*McKenzie Campbell*  
County Clerk & Ex-Officio Clerk of the Superior Court

By \_\_\_\_\_  
Deputy



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

LETTERS TESTAMENTARY WITH  
NONINTERVENTION POWERS

54729

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-006302

DATE ISSUED: 02/09/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARION MARIE  
LAST NAME(S): STEIGERS

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: FEBRUARY 06, 2021  
HOUR OF DEATH: 06:30 PM  
SEX: FEMALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1443 HILLCREST WAY  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403-2938

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

RESIDENCE STREET: 1443 HILLCREST WAY  
CITY, STATE, ZIP: CLARKSTON, WA 99403-2938  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 55 YEARS

BIRTH DATE: FEBRUARY 18, 1934  
BIRTHPLACE: KAMIAH, ID

FATHER: CARSON EWING  
MOTHER: LOLA PIPER

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME &  
CREMATORY  
CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: FEBRUARY 09, 2021

OCCUPATION: TISSUE TECHNICIAN  
INDUSTRY: PATHOLOGY LAB  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

INFORMANT: HEATHER STEIGERS  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1443 HILLCREST WAY, CLARKSTON, WA 99403

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

CAUSE OF DEATH:  
A: PROTEIN CALORIE MALNUTRITION  
INTERVAL: 4 MONTHS

B: COVID 19  
INTERVAL: 4 MONTHS

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PNEUMONIA

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: ELIZABETH N. BLACK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
DATE SIGNED: FEBRUARY 08, 2021

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: FEBRUARY 09, 2021



# 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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<b>Required</b>	Required information must match current information on record			
	Record Type: <input checked="" 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 Birth 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 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:

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 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 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
- |  |  |
|--|--|
| <p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul> | <p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul> |
|--|--|
- \*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 officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



# CERTIFIED

FEB 09 2021

*[Signature]*  
 Dr. Larry Jecha  
 Health District Officer  
 Garfield County Health District

54729



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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: 2011-010539

LOCAL FILE NUMBER: 3465

DATE ISSUED: 10/14/2011

FEE NUMBER: 0003202063

GIVEN NAMES: ROBERT FRANK  
LAST NAME: STEIGERS

SUFFIX: JR

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: OCTOBER 07, 2011  
HOUR OF DEATH: 07:30 P.M.

SEX: MALE  
AGE: 77 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: FEBRUARY 22, 1934  
BIRTHPLACE: LEWISTON, NEZ PERCE CNTY, IDAHO

MARITAL STATUS: MARRIED  
SPOUSE: MARION MARIE EWING

OCCUPATION: FORK LIFT OPERATOR  
INDUSTRY: PULP AND PAPER MILL  
EDUCATION: 9-12TH GRADE, NO DIPLOMA  
US ARMED FORCES? YES

INFORMANT: MARION STEIGERS  
RELATIONSHIP: WIFE  
ADDRESS: 1443 HILLCREST WAY CLARKSTON, WA 99403

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 1443 HILLCREST WAY  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 46 YEARS

FATHER: ROBERT FRANK STEIGERS SR  
MOTHER: RUTH STEVENS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE, ZIP: LEWISTON, ID  
DISPOSITION DATE: OCTOBER 14, 2011

FUNERAL FACILITY: MERCHANT FUNERAL HOME  
ADDRESS: 1000 - 7TH ST  
CITY, STATE, ZIP: CLARKSTON WA 99403  
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:

- A. SEPTIC SHOCK SYNDROME  
INTERVAL: NOT STATED
- B. MULTI-ORGANISM PNEUMONIA (SUSPECT ASPIRATION PNEUMONIA)  
INTERVAL: NOT STATED
- C. RESPIRATORY FAILURE  
INTERVAL: NOT STATED
- D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
PRIMARY CARDIAC ARREST (NO EVIDENCE MYOCARDIAL INFARCTION)

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL

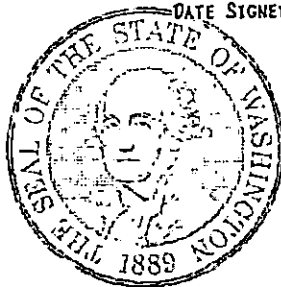
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ERIC C ORME MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 122 W 7TH AV, SUITE 310  
CITY, STATE, ZIP: SPOKANE WA 99204  
DATE SIGNED: OCTOBER 07, 2011

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:  
PEGGY WETMORE  
DATE RECEIVED: OCTOBER 13, 2011

DOH 01-003 (6/10)

54729



# Affidavit for Correction

Center for Health Statistics  
PO 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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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth) (husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth) (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.  
**All changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization      Medical Record      School Transcripts  
 Hospital Records      Military Record (DD-214)      Voter's Registration Card (if it bears an effective date)  
 Insurance Records      Birth Record      Alien Registration Card (front and back)  
 Marriage/Divorce Records      Passport      We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- ~~This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form DCH/CHS 021)~~

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DCH CHS 023a 6/11/10

CERTIFIED  
SPOKANE REGIONAL HEALTH DISTRICT

OCT 14 2011



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