AFN #2013001806 Recorded 08/14/2013 at 03:32 PM DocType: ALP Filed by: John R. Briscoe Page: 1 of 7 Auditor Timothy O. Todd Skamania County, WA

#### **RECORDING REQUESTED BY** AND WHEN RECORDED RETURN TO:

JOHN R. BRISCOE, Attorney at Law 900 Washington Street, Suite 820 Vancouver, WA 98660

Parl Divil 2000 172

30236 AUG 14, 2013

AFFIDAVIT PAID. EXEMPT (LACK OF PROBATE) **20**CH IN EASUR

Grantor (Decedent):

ROBERT LEE WATSON

Grantee:

The Public

Abbreviated Legal:

LOT 1 ROBERT WATSON SP BK 3/PG 368

**Assessor's Tax Parcel #:** 

03082900050100

**Other Reference Nos:** 

Skamania County Assessor Date 8-14-13 Parcel 3-8-29

STATE OF WASHINGTON )

: SS.

)

County of Skamania

WILLAVERE B. WATSON, being first duly sworn, on oath, deposes and states:

THAT affiant is the lawful surviving spouse of ROBERT LEE WATSON, who died on December 12, 2012, in Skamania County, Washington then being a resident of the State of Washington. A certified copy of the death certificate is attached hereto as Exhibit A THAT among Decedent's items of property was real estate described as follows:

> A Tract of Land located in Section 29, Township 3 North, Range 8 East of the W.R., described as follows:

> The East half of the Southwest quarter of the Southwest quarter of the Northeast quarter, and that portion of the East half of the Northwest quarter of the Northwest quarter of the Southeast quarter, lying Northerly of Wind River Highway. Also to be known as Lot 2 of Beaudry Short Plat recorded in Book 2 of Short Plats.

Situate in the County of Skamania, State of Washington.

AFFIDAVIT OF LACK OF PROBATE - 1 WATSON, Willavere/D Affidavit Lack of Probate

PABST HOLLAND & REYNOLDS, PLLC ATTORNEYS AT LAW 900 Washington Street, Suite 620 Vancouver, Washington 98660 (360) 693-1910 • (503) 222-9201

AFN #2013001806 Page: 2 of 7

SUBJECT TO covenants, conditions, restrictions, reservations, easements and agreements of record, if any.

THAT affiant has hereinbelow identified each and all of the heirs at law of Decedent, including but not limited to surviving spouse, children, adopted children and the issue of any predeceased child or adopted child (if Decedent left no surviving children, then affiants have listed below all of the surviving parents, brothers and sisters of the Decedent).

THAT the heirs at law of Decedent are:

NAME	<u>AGE</u>	RELATIONSHIP TO DECEDENT
Willavere B. Watson	L	Surviving Spouse
Kristine D. Watson	L	Daughter
Vincent B. Watson	L	Son

THAT affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of said Decedent (including but not limited to: all the debts of Decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full or provided for.

THAT a diligent search for a Will has been conducted and no will has been found, therefore, Decedent died intestate. The above reference property was the community property of the Decedent and his spouse. Pursuant to RCW 11.04.015(1)(a) the surviving spouse shall receive all of the decedent's share of the community estate. The Decedent's children have consented to this Affidavit and their consents are attached hereto.

THAT this Affidavit is made solely to clear title to the real property described herein to WILLAVERE B. WATSON.

DATED: 5-28, 2013.

WILLAVERE B. WATSON
351 Wind River Road

Carson, WA 98610

AFFIDAVIT OF LACK OF PROBATE - 2 WATSON, Willavere/D Affidavit Lack of Probate

PABST HOLLAND & REYNOLDS, PLLC ATTORNEYS AT LAW 900 Washington Street, Suite 820 Vancouver, Washington 98660 (360) 693-1910 • (503) 222-9201 AFN #2013001806 Page: 3 of 7

STATE OF WASHINGTON ) : ss. County of Clark )

I certify that WILLAVERE B. WATSON appeared personally before me and that I know or have satisfactory evidence that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this  $\frac{28/2}{2}$  day of \_\_

\_, 2013.

R. BRISCO NOTARY PUBLIC OF WASKING

NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 9 15 - 2013

AFFIDAVIT OF LACK OF PROBATE - 3 WATSON, Willavere/D Affidavit Lack of Probate

PABST HOLLAND & REYNOLDS, PLLC ATTORNEYS AT LAW 900 Washington Street, Suite 820 Vancouver, Washington 98660 (360) 693-1910 • (503) 222-9201 AFN #2013001806 Page: 4 of 7

### CONSENT TO AFFIDAVIT OF LACK OF PROBATE

I, KRISTINE D. WATSON, am the daughter of ROBERT LEE WATSON, and hereby consent to the transfer of the described property to WILLAVERE B. WATSON. I acknowledge that the described property was the community property of ROBERT LEE WATSON and WILLAVERE B. WATSON.

DATED: 5-28, 2013.

Kustin D. Watson

KRISTINE D. WATSON

STATE OF WASHINGTON )

: ss.

County of Clark )

I certify that KRISTINE D. WATSON appeared personally before me and that I know or have satisfactory evidence that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 28 day of May

R. BROWN

NOTARY F

My Commis

NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 9-15-2013

AFFIDAVIT OF LACK OF PROBATE - 4 WATSON, Willavere/D Affidavit Lack of Probate

PABST HOLLAND & REYNOLDS, PLLC ATTORNEYS AT LAW 900 Washington Street, Suite 820 Vancouver, Washington 98660 (360) 693-1910 • (503) 222-9201 AFN #2013001806 Page: 5 of 7

#### CONSENT TO AFFIDAVIT OF LACK OF PROBATE

I, VINCENT B. WATSON, am the son of ROBERT LEE WATSON, and hereby consent to the transfer of the described property to WILLAVERE B. WATSON. I acknowledge that the described property was the community property of ROBERT LEE WATSON and WILLAVERE B. WATSON.

DATED: 5-31-2013, 2013

INCENT B. WATSON

STATE OF WASHINGTON )

: ss.

County of <u>Skamania</u>)

I certify that VINCENT B. WATSON appeared personally before me and that I know or have satisfactory evidence that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 3/ day of May

NOTARY PUBLIC FOR WASHINGTON

My Commission Expires: 3/1//5

2013.

NA SHING

AFFIDAVIT OF LACK OF PROBATE - 5 WATSON, Willavere/D Affidavit Lack of Probate

PABST HOLLAND & REYNOLDS, PLLC ATTORNEYS AT LAW 900 Washington Street, Suite 820 Vancouver, Washington 99660 (360) 693-1910 • (503) 222-9201 AFN #2013001806 Page: 6 of 7

File Number Legal Name (findude AKA's if any)	Washingt		ertificate of Death	State File Numbe		
3. Legal Naine (include AKA's if any)	Robert Lee	Watso		eath Date 2/12/2012		
M	Last Birthday 4b Under 1 Year 88 Months Days	Hours			6 County of Death Skamania	
07/22/1924	3a. Birthplace (City, Town, or County Pettigrew	Arkan	sas 9th	ent's Education -12th grade;		
10. Was Decedent of Hispanic O NO 122 Posidones: Number and St	The state of the s	W	Decedent's Race(s) Thite	13b. City or	12. Was Decedent ever Armed Forces? NO	mi His
351 Wind River	reet (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt ROACI		13e. State or Foreign Country	Carson		to2
Skamania	N/A esidence. 15. Marital Status at T		Washington 16. Surviving Spouse's or Domest	98610	☐ Yes ₩No [	Unk
32 years	Married		Willavere Belle Me ERETIRED) 18. Kind of Business/Indu	cKinnev		1200 1777 1777
Operating Engir 19. Father's Name (First, Middle, L Duke Watson	neer/Supervisor		Heavy Const	ruction		
21. Informant's Name	22. Relationship to	Decedent 2:	Ida Mahaffey  3. Mailing Address: Number and Street		State Zip	Ry Hall
Willavere B. Wa 4. Place of Death, if Death Occurred			Place of Death, if Death Occi	. Washington	98610	
25. Facility Name (If not a facility, g			Decedent's Ho		26b. State 27. Zip Code	
351 Wind River 8. Method of Disposition	29. Place of Final Disp	oosition (Name o	Carson of cemetery, crematory, other place)	30. Location-Ci	WA 98610 ty/Town, and State	
Cremation  1. Name and Complete Address	Cascade Cr	remation	Center	Tualati	Oregon	
Autumn Funerals	. Cremation, & Ru	···· 1 1 1 1 1				
3. Funeral Director Signature	X	штат-12:	995 SW Pacific High	way, Tigard,	12/19/2012	Causan Barana Barana
3. Funeral Director Signature	Tader		995 SW Pacific High	way, Tigard,	12/19/2012	
3, Funeral Director Signature	Thader	Cause of Dea	995 SW Pacific High	way, Tigard,		t, or
Funeral Director Signature     Chain of events – dentricular fibrillation without show     MMEDIATE CAUSE (Final disea	liseases injuries, or complication wing the etiology. DO NOT ABBI	Cause of Dea is - that directly REVIATE. Add	mth (See Instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.	way, Tigard,	cardiac arrest, respiratory arrest	A Death
4. Enter the <u>chain of events</u> – dentricular fibrillation without show MMEDIATE CAUSE (Final diseau ondition resulting in death)  dequentially list conditions, if any	diseases injuries, or complication wing the etiology. DO NOT ABBI	Cause of Dears - that directly REVIATE. Add	mth (See Instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.	way, Tigard,	cardiac arrest, respiratory arrest Interval between Onset &	Death Death
4. Enter the <u>chain of events</u> – dentricular fibrillation without show MMEDIATE CAUSE (Final diseat on dition resulting in death) the cause listed on line a. Enter INDERLYING CAUSE (disease)	diseases injuries, or complication wing the etiology. DO NOT ABBI	Cause of Dears - that directly REVIATE. Add	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.	way, Tigard,	cardiac arrest, respiratory arrest	Death Death
4. Enter the chain of events - dentricular fibrillation without show MMEDIATE CAUSE (Final diseat on dition resulting in death) equentially list conditions, if any to the cause listed on line a. Ente INDERLYING CAUSE (disease that initiated the events resulting that the event resulting that the events resulting that the event resulting the event resulting that the event resulting that the event resulting the event resulting that the event resulting that the event resulting that the event resulting that the event resulting the event resulting that the event resulting the even	diseases injuries, or complication wing the etiology. DO NOT ABBI	Cause of Dears - that directly REVIATE. Add	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):	way, Tigard,	cardiac arrest, respiratory arrest Interval between Onset & Interval between Onset &  25 Year	A Death  S  Death  L Death
A. Enter the <u>chain of events</u> – dentricular fibrillation without show MMEDIATE CAUSE (Final disea ondition resulting in death) dequentially list conditions, if any to the cause listed on line a. Ente INDERLYING CAUSE (disease that initiated the events resulting eath)LAST	diseases injuries, or complication wing the etiology. DO NOT ABBI	Cause of Dear	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):	terminal events such as	cardiac arrest, respiratory arrest Interval between Onset & Interval be	L Death L Death L Death
MAEDIATE CAUSE (Final diseasondition resulting eath) LAST  5. Other significant conditions of the conditions of the events of the cause listed on line a. Enter the cause listed	diseases injuries, or complication wing the enology. De NOT ABBI	Cause of Dear	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):	terminal events such as	Interval between Onset & Interval between Onse	A Death  L Death  L Death  ble to
4. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final diseason dition resulting in death)  dequentially list conditions, if any of the cause listed on line a. Enter MDERLYING CAUSE (disease nat initiated the events resulting eath) LAST  5. Other significant conditions conditions are conditions and conditions are conditions.	diseases injuries, or complication wing the etiology. De NOT ABBI	Cause of Dear is – that directly REVIATE. Add  ing in the under  Henesis ast year	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Partying cause given above  Periphual Vasaly I	terminal events such as  36. Autopsy  Yes No  42 days before death	Interval between Onset & Interval between Onse	A Death  L Death  L Death  ble to
44. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final disea ondition resulting in death)  dequentially list conditions, if any of the cause listed on line a. Ente INDERLYING CAUSE (disease nat initiated the events resulting eath)LAST  5. Other significant conditions or the condition of the	d. Say. If female Not pregnant within pred Pregnant at time of de	Cause of Dear	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Pue to (or as a consequence of):	terminal events such as  36. Autopsy  Yes No  42 days before death as to 1 year before death as type of the style of the s	Interval between Onset & Interval between Onse	A Death L Death L Death L Death
44. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final diseasondition resulting in death) dequentially list conditions, if any of the cause listed on line a. Enter Manager of the events resulting eath) LAST  5. Other significant conditions or co	d. Sontification wing the enology. De NOT ABBI  Isse or A A A A A A A A A A A A A A A A A A	Cause of Dear	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Put to (or as a consequence of):  Put to (or as a consequence of):  Inlying cause given above  Periphual Vaschy I  Not pregnant, but pregnant within I  Not pregnant, but pregnant within the pail	terminal events such as  36. Autopsy  Yes No  42 days before death as to 1 year before death at year nestaurant, wooded an	Interval between Onset & Interval between Onse	A Death L Death L Death L Death
4. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final disea ondition resulting in death)  dequentially list conditions, if any of the cause listed on line a. Ente WINDERLYING CAUSE (disease nat initiated the events resulting eath)LAST  5. Other significant conditions con	diseases injuries, or complication wing the enology. Do NOT ABBI	Cause of Dear	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Put to (or as a consequence of):  Put to (or as a consequence of):  Inlying cause given above  Periphual Vaschy I  Not pregnant, but pregnant within I  Not pregnant, but pregnant within the pail	terminal events such as  36. Autopsy  Yes No  42 days before death is to 1 year before death is to 1 year before death is to 1 year before death.	Interval between Onset & Interval between Onse	A Death L Death L Death L Death
4. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final disea on dition resulting in death) equentially list conditions, if any the cause listed on line a. Enter NDERLYING CAUSE (disease nat initiated the events resulting eath)LAST  5. Other significant conditions conditions of the	diseases injuries, or complication wing the enology. De NOT ABBI is e or a second injuries of death but not result in a second injuries injuries in a second injuries in a second injuries injuries in a second injuries	Cause of Dear is – that directly REVIATE. Add	th (See Instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Put to (of see a consequence of):  Inlying cause given above  Per Put Vascus I  Not pregnant, but pregnant within I Not pregnant, but pregnant 43 day I unknown if pregnant within the parajury (e.g., Decedent's home, constructions).	terminal events such as  36. Autopsy  Yes No  42 days before death as to 1 year before death at year n site, restaurant, wooded an	Interval between Onset & Interval between Onse	A Death  A Death  A Death  Death  Death
4. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final disea on dition resulting in death) equentially list conditions, if any the cause listed on line a. Enter NDERLYING CAUSE (disease nat initiated the events resulting eath)LAST  5. Other significant conditions conditions of the country of the conditions of the country of the	diseases injuries, or complication wing the enology. Do NOT ABBI	Cause of Dear is – that directly REVIATE. Add	th (See instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Per pure Vasury  Not pregnant, but pregnant within Not pregnant, but pregnant 43 day Unknown if pregnant within the parajury (e.g., Decedent's home, constructions).	terminal events such as  36. Autopsy?  Yes No  42 days before death s to 1 year before death st year n eite, restaurant, wooded an le:  47. If transportation Passenger  Passenger  Oroner - On the basis of ex-	Interval between Onset & Interval between Onse	B. Death B. Death B. Death B. Death
4. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final diseasondition resulting in death) equentially list conditions, if any to the cause listed on line a. Ente NDERLYING CAUSE (disease lat initiated the events resulting leath)LAST  5. Other significant conditions condit	diseases injuries, or complication wing the enology. Do NOT ABBI use or a graph of the enology of the NOT ABBI use or a graph of the enology	ing in the under the saturation of the saturatio	th (See Instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Put to (or as a consequence of):  Inlying cause given above  Put Wash Instructions and examples) I not pregnant, but pregnant within the parajury (e.g., Decedent's home, construction opinion, death occurred and and opinion, death occurred and opinion, death occurred and opinion, death occurred and opinion.	terminal events such as  36. Autopsy?  Yes No  42 days before death s to 1 year before death st year  n eite, restaurant, wooded an lete.  47. If transportation  Driver/Operato  Passenger  Coroner - On the basis of evant the time, date, and place, a	Interval between Onset & Interval between Onse	& Death  L Death  L Death
A. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final diseasondition resulting in death)  dequentially list conditions, if any of the cause listed on line a. Enter INDERLYING CAUSE (disease that initiated the events resulting eath) LAST  5. Other significant conditions conditions of the condition of the conditions of the conditions of the conditions of the condition of the c	diseases injuries, or complication wing the enology. Do NOT ABBI is or a large of the enology. Do NOT ABBI is or a large of the end	ing in the under the state of t	th (See Instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Put to (or as a consequence of):  Inlying cause given above  Put Wash Instructions and examples) I not pregnant, but pregnant within the parajury (e.g., Decedent's home, construction opinion, death occurred and and opinion, death occurred and opinion, death occurred and opinion, death occurred and opinion.	terminal events such as  36. Autopsy?  Yes No  42 days before death s to 1 year before death st year n eite, restaurant, wooded an les.  47. If transportation Passenger  Property Operator of the time, date, and place, a service of the me, date, and place of the me, date of the	Interval between Onset & Interval between Onse	& Death  L Death  L Death
A. Enter the chain of events — dentricular fibrillation without show MMEDIATE CAUSE (Final diseasondition resulting in death)  dequentially list conditions, if any of the cause listed on line a. Enter INDERLYING CAUSE (disease that initiated the events resulting eath) LAST  5. Other significant conditions conditions of the condition of the conditions of the conditions of the conditions of the condition of the c	iliseases injuries, or complication wing the etfology. De NOT ABBI isse or a grant and a grant at time of de a	ing in the under the large of Irac at the time, date, or Coroner Upper Or circle.	th (See Instructions and examples) y caused the death. DO NOT enter d additional lines if necessary.  Due to (or as a consequence of):  Due to (or as a consequence of):  Per July Vasury  Not pregnant, but pregnant within the parajury (e.g., Decedent's home, construction opinion, death occurred as a consequence of the construction opinion, death occurred as a consequence of the construction opinion, death occurred as a consequence of the construction opinion, death occurred as a consequence of the construction opinion, death occurred as a consequence of the construction opinion, death occurred as a consequence of the construction opinion, death occurred as a consequence of the construction opinion, death occurred as a consequence of the conseque	terminal events such as  36. Autopsy  Yes No  42 days before death st of year before death st year neite, restaurant, wooded an eite, restaurant, wooded are terminal events of example of the time. Soroner - On the basis of example of the time. date, and place, and the time. date, and place, and the time. date, and place, and the time.	Interval between Onset & Interval between Onse	B. Death B. Death B. Death B. Death

AFN #2013001806 Page: 7 of 7

# Wishington State Department of Health

## Affidavit for Correction

Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 (360) 236-4300

I I LUII	-11	This is a legal Do	cument. Comp	ete in inl	k and do no	t alter. (360) 2	a, WA 98504-7814 36-4300
State File Number		Fee Number	IAIL OFFICE	Initials	Date		Affidavit Number
		Use the section below	w for requestin	a ony oh	ongoo on th	a riseaud	
Record Type:	Birth		ath			ie record.	
1. Name on red		U	:aln		Marriage	10.01	Dissolution
1. Name on rec	Joru.			2. Date	of Event:	3. Place o	of Event: (City or County)
4 Father's Full	Namo (Far D	irth): (Husband for Marriage or Dissol	TF.	NA - Ma - Mark	C. II NI.		
4. Fathers Full	Name (For B	irth): (Husband for Marriage or Dissol	ution) 5.	wothers	ruii Name (Fo	or Birth): (Wife for Ma	rriage or Dissolution)
		The Pecerd	is Incorrect or Ir	200000101	a aa fallalii.	<b>&gt;</b>	
	The F	Record now shows:	is Incorrect or Ir	complete	e as follows:	The True fact is:	
6.			7.	ч, ч	$\smile$	THE THE RECTIONS.	
8.			9.	-			15 20 20 20 20 20 20 20 20 20 20 20 20 20
10.			11.				
12.			13.	- T		-	
			10.				
14. I represent	the person		☐ Guardia	<b>1</b> [	Informant	Telephone	Number:
1 -11		☐ Funeral Director	Other (S	pecify)	44		*
i declare under 15. Signature:	penalty of	perjury under the laws of t	he State of Was	hington t	hat the forgo	oing is true and	correct.
		16. Date:	17. Address:				
All changes must	registered as	received. An item may be changed by documentary proof subm	ged by affidavit only	once. Subs	sequent change	es must be made t	by court order.
Examples of docur	nentary proof:	Certificate of Naturalization	Medical Record	7	School Trans	scripts	
	•	Hospital Records Insurance Records	Military Record ( Birth Record	DD-214)	Voter's Registr	stration Card (if it bration Card (front a	pears an effective date)
	-	Marriage/Divorce Records	Passport	1	We do not ac	ccept Driver's Lice	nse, Social Security card or a
Birth Certificates:			·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nospitai issu	ed decorative birth	certificate.
1. Only a pare	ent, legal guar	dian (if the child is under 18), or	the adult themselve	s (if 18 or o	lder) may chan	ge the birth certific	cate.
<ol> <li>The proof(s) name to be</li> </ol>	s) must match e Mary Ann Do	exactly the asserted true fact(s). be. Mary A. Doe or M. A. Doe doe	For example, if the es not prove the nar	⁼affidavit sa; ne is Marv /	ys the name is I Ann Doe	Mary Ann Doe, the	n the proof must show the
<ol><li>Proof must</li></ol>	t be five (or mo	ore) years old or have been estat	olished within five ye	ears of birth			
4. Up to age	one, the parer a one time onl	it(s) or legal guardian may chang y change. Subsequent changes	ge the child's last na will require a certific	ame with an	affidavit for cor	rection, provided:	
- The nev	w last name m	ay be the mother's maiden name	e or father's name (	if present or	the certificate)	name change. or anv combination	on of the two.
- After ag	je one, last na	me changes require a certified c	opy of a court ordei	ed name ch	nange. Minor sp	pelling changes ma	ay be made with an affidavit
	cumentary pro nay change th	ют. eir child's first or middle name b <u>y</u>	completing and si	anina an aff	fidavit for correc	ction (until their ch	ild's 18th birthday)
<ol><li>This affida</li></ol>	vit cannot be	used to add a father to a birth	certificate. (Use the	e paternity	affidavit – fori	m DOH/CHS 021)	
Death Certificates:  1. Only the in	formant, the fu	uneral director, or executors/adm	inistrators (if eviden	ce confirmi	na such positio	n is presented) ma	av change the non-medical
information	٦.						
<ol> <li>The medic</li> <li>If it is less t</li> </ol>	ai intormation than sixty davs	(cause of death) may be change s from date of death please conta	d only by the certify act the county health	ring physicia n departmet	an or the coron nt where the de	er/medical examin	er. ake changes
Marriage/Dissolution	on (Divorce) C	ertificates:					
<ol> <li>Personal fa</li> <li>To change</li> </ol>	act(s) (minor spot)	pelling changes in name, date or ace of marriage or dissolution, th	place of birth or re	sidence) ma	ay be changed I	by affidavit (with p	roof) by the person.
		accommunage of dissolution, th		o derk o			D H/ HS 023a 6/11/1
						JERI	
					¥		

JAN 08 2013

Alan Melnick
Health Officer
Skamania Co. Public Health

UU00110081