

**Return Address:**

Richard M. HANSON  
3015 SE SPYGLASS DR.  
VANCOUVER, WA 98682

**AFFIDAVIT (LACK OF PROBATE)**

Cande Stanley \_\_\_\_\_, being first duly sworn, deposes and says:  
Notary  
The undersigned affiant/grantee Richard M. Hanson is a rightful heir, as listed on  
Affiant/Grantee  
heirs at law, to the real property described below, and is Spouse  
Relationship to decedent  
of Shirley Jean Hanson \_\_\_\_\_, who died on December 2, 1990  
Decedent/Grantor Date  
at Vancouver \_\_\_\_\_ Clark \_\_\_\_\_ WA \_\_\_\_\_  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Daniel Rd, Washougal, WA 98671  
SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
92335  
DEC 29 2016

PAID EXEMPT  
Audrey Fink Deputy  
SKAMANIA COUNTY TREASURER

Assessor's Property Tax Parcel/Account Number: 0205324801 000 80  
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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)

(Page 1 of \_\_\_\_\_)

Richard Malcolm Henson, 88, Spouse, Vancouver, WA

Full name, age, relationship, address

Heidi Jean Henson, 63, daughter, Vancouver, WA

Full name, age, relationship, address

Daniel Howard Henson 61, Son, Vancouver, WA

Full name, age, relationship, address

Richard Mark Henson Jr., 59, Son, Vancouver, WA

Full name, age, relationship, address

David Lewis Henson, 56, Son, Vancouver, WA

Full name, age, relationship, address

Holly Denise Kelly, 55, Daughter, Vancouver, WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 15 DEC 2016Richard Malcolm Hanson

Affiant's full name

(360) 694-5280

Telephone number

3015 SE Spyglass Drive

Street

Vancouver

City

WA

State

98683

Zip Code



Signature

Date

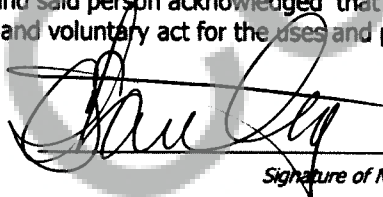
State of WACounty of CLARK

I know or have satisfactory evidence that

Richard M. Hanson

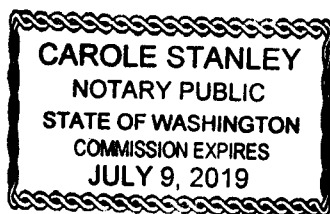
(name of person)

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: 12/15/2016

Signature of Notary Public

(SEAL OR  
STAMP)



REV 84 0017 (8/31/16)

Residing at: Battle GroundNotary Public in and for the State of WAMy appointment expires: July 9, 2019

ORDER NO. S16-0271KM

EXHIBIT "A"

Lot 11 of the Shon-Tay-Rill Subdivision according to the recorded plat thereof, recorded in Book A of Plats, Page 139, in the County of Skamania, State of Washington.

Skamania County Assessor  
Date 12-29-16 Parcel# 2-5-32-4-2-110  
18

Unofficial  
Copy

STATE OF WASHINGTON  
DEPARTMENT OF HEALTHOFFICE  
USE ONLY

1338

STATE OF WASHINGTON DEPARTMENT OF HEALTH  
VITAL RECORDS

## CERTIFICATE OF DEATH

0 32316  
STATE FILE NUMBER

1 DISTRICT 17-1	2 SEX Female	3 DEATH DATE (Mo. Day, Yr.) Dec. 2, 1990	146
4 COPIES 4	LOCAL FILE NUMBER 1338		
5 HOSPITAL	NAME—FIRST, MIDDLE, LAST Shirley Jean Hanson		
6 OCCURRENCE	6 AGE LAST BIRTH- DAY (Yrs) 61	7 BIRTHDATE (Mo. Day, Yr.) Oct. 23, 1929	8 BIRTH STATE (if not in USA give country) Iowa
7 RESIDENCE	9 CITIZEN OF WHAT COUNTRY? USA	10 COUNTY OF DEATH Clark	
8 TRACT	11 CITY, TOWN OR LOCATION OF DEATH Vancouver		12 PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RA/OUT PTN. 4. HOSP. 5. NUR. HOME 6. OTHER PLACE Southwest Washington Medical Center
9 OCCUPATION	13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes	14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married	15 SURVIVING SPOUSE (If wife, give maiden name) Richard Hanson
10	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	17 SOCIAL SECURITY NO. [REDACTED]	18 HIGH SCHOOL GRADUATE? (Yes/No) Yes
11	19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT use "RETIRED") Private Secretary	20 KIND OF BUSINESS OR INDUSTRY Petroleum/Electric Util.	21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. Yes 2. No
12	22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify)) White	23 RESIDENCE - NUMBER AND STREET 9100 Rainier Dr.	24 CITY/TOWN OR LOCATION Vancouver
13	25 INSIDE CITY LIMITS? (Yes/No) Yes	26 COUNTY Clark	27 STATE Washington
14	28 ZIP CODE 98664	29 FATHER'S NAME—FIRST, MIDDLE, LAST Fay	30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Ella Peters
15	31 INFORMANT—NAME Richard Hanson (Husband)	32 MAILING ADDRESS 9100 Rainier Dr., Vancouver, Washington 98664	
16	33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	34 DATE (Mo. Day, Yr.) 12-5-1990	35 CEMETERY/CREMATORY—NAME Uniservice Crematory
17	36 LOCATION—CITY/TOWN, STATE Portland, Oregon	37 NAME OF FACILITY Gateway Little Chapel of the Chimes	38 ADDRESS OF FACILITY 1515 NE 106th Portland, Oregon 97220
18	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
19	40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X		41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Archie Hamilton MD
20	42 DATE SIGNED (Mo. Day, Yr.)	43 HOUR OF DEATH (24 Hrs.)	44 DATE SIGNED (Mo. Day, Yr.) Dec. 4, 1990
21	45 NAME AND TITLE OF ATTENDING PHYSICIAN (If OTHER THAN CERTIFIER (Type or Print))	46 HOUR OF DEATH (24 Hrs.) 0008	47 PRONOUNCED DEAD (Mo. Day, Yr.) Dec. 2, 1990
22	48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Archie Hamilton MD, 304 E. 37th St., Vancouver Washington 98663	49 HOUR PRONOUNCED DEAD (24 Hrs.) 0008	
23	50 PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		
24	IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in- jury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH
25	(A) Acute myocardial Infarct DUE TO OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
26	(B) Segmental Occlusion Right Coronary Artery DUE TO OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
27	(C)		INTERVAL BETWEEN ONSET AND DEATH
28	51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		52 AUTOPSY? (Yes/No) Yes
29	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR COR- ONER? (Yes/No) Yes	54 ACC. SUICIDE, MO. UNDET. OR PENDING INVEST. (Specify)	55 INJURY DATE (Mo. Day, Yr.)
30	56 HOUR OF INJURY (24 Hrs.)	57 DESCRIBE HOW INJURY OCCURRED	
31	58 INJURY AT WORK? (Yes/No)	59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE
32	61 REGISTRAR SIGNATURE X		62 DATE RECEIVED (Mo. Day, Yr.) DEC 05 1990

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)



DOH 01-003 (10/15)





# 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

<b>Required</b>	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:
	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: <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:

Telephone Number: ( )	Email Address:
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### 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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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, 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)

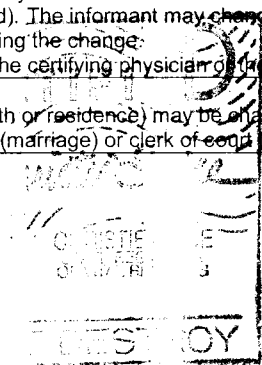
#### Death Certificates

- 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.

DOH 422-034 October 2015



GG00181751