

Return Address:

Brian D.E. North  
291 Vine Maple Loop  
Carson WA 98610

**AFFIDAVIT (LACK OF PROBATE)**

\_\_\_\_\_, being first duly sworn, deposes and says:  
Notary

The undersigned affiant/grantee Brian D.E. North is a rightful heir, as listed on  
Affiant/Grantee

heirs at law, to the real property described below, and is Son  
Relationship to decedent

of Gerald D. North, who died on \_\_\_\_\_  
Decedent/Grantor

at Carson Skamania WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: LOT 25 Carson Valley Park

BK A/Pg 158 SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

32338  
Skamania County Assessor  
Date 12-29-16 Parcel# 3-8-17-4-3500 DEC 29 2016

PAID EXEMPT  
Shirley J. Davis Deputy  
SKAMANIA COUNTY TREASURER

Assessor's Property Tax Parcel/Account Number: 03081740350000  
(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 \_\_\_\_)

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*Full name, age, relationship, address*

Michael H. North - Brother

291 Vine Maple Loop Carson, WA 98610

*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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Unofficial  
Copy

*Sept 15, 2006*

Dated : December 22, 2016Brian D. E. North

Affiant's full name

509-219-0891

Telephone number

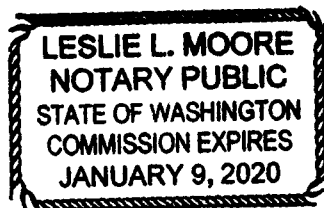
291 Vine Maple Loop

<u>Carson</u>	<u>WA</u>	<u>98610</u>
City	State	Zip Code

<u>Brian D. E. North</u>	<u>12-22-2016</u>
Signature	Date

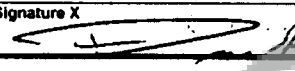
State of Washington County of SkamaniaI know or have satisfactory evidence that Brian D. E. North  
(name of person)

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: 12/22/2016(SEAL OR  
STAMP)Leslie L. Moore  
Signature of Notary PublicResiding at: CarsonNotary Public in and for the State of WAMy appointment expires: 1/9/2020

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

341

Local File Number <b>D2 44</b>				Washington State Certificate of Death				State File Number <b>6 70515</b>			
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Gerald David NORTH</b>				2. Death Date <b>Sept 15, 2006</b>							
3. Sex (M/F) <b>M</b>		4a. Age - Last Birthday <b>67</b>		4b. Under 1 Year Months Days <b>0 0</b>		4c. Under 1 Day Hours Minutes <b>0 0</b>		5. Social Security Number <b>[REDACTED]</b>		6. County of Death <b>Skamania</b>	
7. Birthdate <b>Apr 5, 1939</b>		8a. Birthplace (City, Town, or County) <b>Hood River</b>		8b. (State or Foreign Country) <b>Oregon</b>		9. Decedent's Education <b>HS Graduate or GED</b>					
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>White</b>				12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>291 Vine Maple Loop</b>								13b. City or Town <b>Carson</b>			
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98610-</b>		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. <b>30y</b>		15. Marital Status at Time of Death <b>Widowed</b>		16. Surviving Spouse's Name (Give name prior to first marriage)							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Transfer Site Manager</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Waste Management</b>							
19. Father's Name (First, Middle, Last, Suffix) <b>Gerald Stanley North</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Anita Grace Bertschi</b>							
21. Informant's Name <b>Brian North</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>PO Box 1195 Carson WA 98610-</b>							
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>				25. Facility Name (If not a facility, give number & street or location) <b>291 Vine Maple Loop</b>							
26a. City, Town, or Location of Death <b>Carson</b>				26b. State <b>WA</b>		27. Zip Code <b>98610-</b>					
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>		30. Location-City/Town, and State <b>White Salmon, Washington</b>							
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home PO Box 390 White Salmon, WA 98672-</b>								32. Date of Disposition <b>Sep 19, 2006</b>			
33. Funeral Director Signature X 											
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial Infarction</b> Due to (or as a consequence of): <b>Unknown</b> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of):											
35. Other significant conditions contributing to death but not resulting in the underlying cause given above								36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown							
41. Date of Injury (mm/dd/yyyy) <b>Sept. 15, 2006</b>		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Decedent's Home</b>				44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: <b>291 Vine Maple Loop</b>		City or Town: <b>Carson</b>		County: <b>Skamania</b>		State: <b>WA.</b>		Zip Code + 4: <b>98610</b>			
46. Describe how injury occurred <b>died of heart attack</b>								47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <b>X</b>								48b. Medical Examiner/Coroner - On the basis of my own, or a qualified investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated. <b>X</b>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Adam Kick, Deputy Coroner PO Box 790, Stevenson, WA 98648</b>								50. Hour of Death (24hrs) <b>0820 HRS</b>			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (mm/dd/yyyy) <b>9/19/2006</b>			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature <b>X</b>								58. Date Received (mm/dd/yyyy) <b>9/22/06</b>			
59. Amendments											

DOH/CHS 003 Rev 2/06/2004

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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<b>Required</b>	<b>Required information must match current information on record</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**

1. 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.
2. **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.
3. 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)**

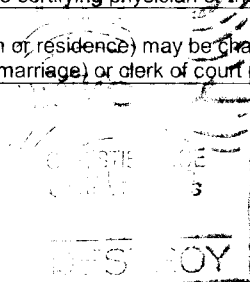
#### **Death Certificates**

1. 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.
2. The medical information (cause of death) may be changed only by the **certifying physician or the coroner/medical examiner**.

#### **Marriage/Dissolution (Divorce) Certificates**

1. 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.
2. 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



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