

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
AUG 16 2017  
PAID  
SKAMANIA COUNTY TREASURER

**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of Skamania

Name of deceased John R Medlin

I, (survivor's name) Annette R Medlin affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03073634270100  
03073634310000  
03073634330000

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

Signed this 16 day of Aug, 2017 at Stevenson, WA  
(month) (year) (city) (state)

Annette R. Medlin

(Signature of surviving spouse or registered domestic partner)

Annette R. Medlin

(Printed name of surviving spouse or registered domestic partner)

145 NW Roosevelt St. Stevenson WA 98648  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

1241

Local File Number: **756** Washington State Certificate of Death State File Number: \_\_\_\_\_

1. Legal Name (include AKA's if any) First Middle LAST <b>John Keven Medlin</b>			2. Death Date <b>March 16, 2015</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>66</b>	4b. Under 1 Year Months Days <b>66</b>	4c. Under 1 Day Hours Minutes <b>66</b>	5. Social Security Number <b>221-30-8128</b>
6. County of Death <b>Clark</b>		7. Birthdate <b>March 1, 1949</b>		
8a. Birthplace (City, Town, or County) <b>Richland</b>		8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>Master's Degree</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>145 NW Roosevelt St.</b>	
13b. City or Town <b>Stevenson</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>98648</b>			13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>37 Years</b>			15. Marital Status at Time of Death <b>Married</b>	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Annette Ruth Clarke</b>			17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Superintendent</b>	
18. Kind of Business/Industry (Do not use Company Name) <b>Education</b>			19. Father's Name (First, Middle, Last, Suffix) <b>John B. Medlin</b>	
20. Mother's Name Before First Marriage (First, Middle, Last) <b>Margaret Ellen Ohman</b>			21. Informant's Name <b>Annette Medlin</b>	
22. Relationship to Decedent <b>Wife</b>			23. Mailing Address: Number and Street or RFD No. City or Town, State, Zip <b>145 NW Roosevelt St. Stevenson, WA 98648</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>			25. Facility Name, (if not a facility, give number & street or location) <b>Peace Health Southwest Washington Medical Center</b>	
26a. City, Town, or Location of Death <b>Vancouver</b>			26b. State <b>WA</b>	
27. Zip Code <b>98664</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, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Straub's Funeral Home 325 NE 3<sup>rd</sup> Avenue Camas, WA 98607</b>			32. Date of Disposition <b>03/18/2015</b>	
33. Funeral Director Signature <b>[Signature]</b>				
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>Severe Asthma, ST Elevation MI, Acute Renal Failure</b>				
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Arrhythmia, prior CVA</b>				
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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
41. Date of Injury (mm/dd/yyyy)				
42. Hour of Injury (24hrs)				
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:				
46. Describe how injury occurred				
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>[Signature]</b>				
48b. Medical Examiner/Coroner - 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) and manner stated. <b>X</b>				
49. Name and Address of Certifier, Physician, Medical Examiner or Coroner (Type or Print) <b>Sephen Korman, 400 NE Mother Joseph Place Vancouver, WA 98661</b>				
50. Hour of Death (24hrs) <b>0900 Hours</b>				
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				
52. Date Signed (mm/dd/yyyy) <b>3/16/2015</b>				
53. Title of Certifier <b>MD</b>				
54. License Number <b>00042158</b>				
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>[Signature]</b>				
58. Date Received (mm/dd/yyyy) <b>MAR 19 2015</b>				
59. Amendments				

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (6/14)



# 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  
[www.doh.wa.gov](http://www.doh.wa.gov)

## 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: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: City or County
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4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
----------------------------------------------------------------------------	----------------------------------------------------------------------------

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: (Printed Name)	16. Date:	17. Address:
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All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit.**

**We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

**Examples of acceptable documentary proof:**

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

### Birth Certificates

- Only a parent, 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 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.
- Child under 18
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
  - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, 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.
  - Proof must be five (or more) years old or have been established within five years of birth.

**4. This affidavit cannot be used to add a father to a birth certificate. (Use the 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 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.

DOH 422-034 June 2014

# CERTIFIED

MAR 19 2015

Alan Melnick  
Health Officer  
Clark County Public Health

BB00203288

**COMMUNITY PROPERTY AGREEMENT**

**THIS COMMUNITY PROPERTY AGREEMENT**, entered into this day by and between **JOHN K. MEDLIN** and **ANNETTE R. MEDLIN**, husband and wife, of Skamania County, State of Washington.

**W I T N E S S E T H:**

**WHEREAS**, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

**WHEREAS**, it is contemplated by the parties hereto that they may acquire additional property in the future; and

**WHEREAS**, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

**NOW THEREFORE, WE, JOHN K. MEDLIN and ANNETTE R. MEDLIN**, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, even though the same be held in his or her separate estate; and

**WE HEREBY MUTUALLY AGREE** that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of

them, even though the same be acquired in his or her separate estate;  
and;

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of JOHN K. MEDLIN, while the said ANNETTE R. MEDLIN survives, be vested in ANNETTE R. MEDLIN, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said ANNETTE R. MEDLIN while the said JOHN K. MEDLIN survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said JOHN K. MEDLIN, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 16th day of June, 1989.

STATE OF WASHINGTON )  
 ) ss.  
County of Skamania )

I, the undersigned, a Notary Public in and for the State of Washington, do hereby certify that on this 16th day of June, 1989, personally appeared before me JOHN K. MEDLIN and ANNETTE R. MEDLIN, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

Jan. C. Nielsen  
Notary Public in and for the  
State of Washington, residing  
at Stevenson.

Commission expires 4-28-90

Community Property Agreement

Page 2 of 2 Pages

H's initials J.K.M.  
W's initials ARM