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Joy	O Box 3	e			
ρ.	O BOX 3	61		IA COUNTY E EXCISE TAX	
<i>C</i>	carson wi	98610	À	2 4 2017	
				LA	
Market Services	6		Ca d	Courty	
	Affidavit for	of Surviving Sport Claiming an Ex	ouse or Dome	estic Partner	
		Inheritance o	f Real Estate	cu off	
	Washington		٠. (	100	
County of		mania			
	deceased Jour's name)	osefh P.	15eg	0	
that I am	the sole and rightful	heir to the property	described as:		affirm
Parcel nu	imber(s) <u>030</u>	817400903		ot 1 of	7
	Plong	w/ 1973 Conc	ard Di	Higham s/	P
	<b>√</b> <del>√</del> √	70×14 VIN #51691	0 8 4		
Date <u>/o</u>	kamania County Assessor -24-17 Parcel# <u>63-08-/</u>	7-4-0-0903-00	Rec	amania Co	
I certify (	or declare) under per	nalty of neriury unde	r the laws of the	State - EXV. 1	1
ioregoing	is true and correct.				
Signed th	is <u>24</u> day of _	October . 9	2017 at <u>S</u> (year)	Hevenson,	WA (state)
	Ans Call	110			(bitate)
	4	surviving spouse or			
	(Printed name	Serge of surviving spouse of	or registered do	mestic nartner)	$\frac{1}{\sqrt{1+\frac{1}{2}}}\frac{d^2}{d^2} = \frac{1}{\sqrt{1+\frac{1}{2}}}\frac{d^2}{d^2} = \frac{1}{\sqrt{1+\frac{1}{2}}}\frac{d^2}{d^2$
P. r	B my 2/			•	
(Address o	f surviving spouse or		Corson (city,		46610 (zip)
REV 84 0015	Note: See Senate	Bill (SB) 6851 on po	age 2 for statuto	ry requirements.	
	***				

AFN #2017002238 Recorded Oct 24, 2017 03:29 PM DocType: ALP Filed by: JOY BERGE Page: 1 of 3 File Fee: \$76.00 Auditor Robert J. Waymire Skamania County,

AFN #2017002238 Page: 2 of 3

	STAIL	etment of h		
ocal File Number	Washington S	tate Certificate of Death	State File Number	
	Joseph P. BERGE	AST Suffix	2. Death Date Aug. 4, 2012	
riate	/ Days	mours Minutes	lal Security Number 6	County of Death . > >
June 9. 1937	8a. Birthplace (City, Town, or County) 8b.	(State or Foreign Country)	Decedent's Education 6th Grade	Skamania
22.599.41	panic Ongin? (Yes or No) if yes, specify.	11. Decedent's Race(s). White	The state of the s	12. Was Dece Armed Force
12 Dillinghar 13c. Residence: County	n Loop		13b. City or Carson	own
Skamania 14. Estimated length of tir	ne at residence 15 Marital Status at Time of	Washington		
17. Usual Occupation (Ind	icate type of work done during most of waiting life.	Joy C. Morr	18	ne prior to first marriage)
19, Father's Name (First, N	fiddle Last Suffix)	Loggin	g e Before First Marriage (First, Middl	
Louis Albert 21. Informants Name Joy Berge	22. Relationship to Decede	Bernice 23. Mailing Address: Number	Marie Kannberg	State Zin
24. Place of Death, if Death O	Wife	PU BOX 361 Ca	rson, WA 98610	Hospital:
25. Facility Name (If not a fe 12 Dillingham	icility; give number & street or location)  Loop	26a. City,	s Residence Town, or Location of Death 26	. State 27. Zip Co
28. Method of Disposition Bur1a1	29. Place of Final Disposition (	(Name of cemetery, crematory, other place	©) 30, Location-City/	A 9861(
31. Name and Complete A	ddress of Funeral Facility al Home 1270 N. Main Ave		y nome val	ley, Washing Date of Disposition
* L		A POR 390 White C	THAT THE ADVIOL	
33. Funeral Director Sign	ature X	POB 390 White Sa	almon, WA 98672	W . 18. 20
34. Enter the chain of ever	Cause	of Death (See instructions and examp	les)/	
34. Enter the <u>chain of ever</u> ventricular fibrillation withou	Cause this – diseases, injuries, of complications – that it showing the etiology, DO NOT ABBREVIATE	of Death (See instructions and examp	les)/	diac arrest, respirator
24. Enter the <u>chain of ever</u> ventricular fibrillation withou MMEDIATE CAUSE (Final condition resulting in death)	als – diseases, injuries, of complications – that of the showing the étiology DO NOT ABBREVIATE disease or	of Death (See instructions and examp	les) Center terminal events such as call Delimination	diac arrest respirator
34. Enter the <u>chain of ever</u> ventricular fibrillation without MMEDIATE CAUSE (Final condition resulting in death, Sequentially list conditions to the cause listed on line	if any, leading	of Death (See Instructions and examp directly caused the death. DO NO E. Add additional lines if necessary Due to (or as a consequence of	les) Fenter terminal events such as call Della Tilla T	diac arrest, respirator interval between
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AFN #2017002238 Page: 3 of 3

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## Affidavit for Correction

Center for Health Statistics P.O. 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 Affidavit Number Fee Number State File Number Use the section below for requesting any changes on the record. Dissolution Death Record Type: 3 Place of Event: (City or County) 2. Date of Event: 1. Name on record: 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) 4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) The Record is Incorrect or Incomplete as follows: The True fact is: The Record now shows: 6. 9. 8. 11. 10. 13. 12. Telephone Number: ☐ Informant ☐ Guardian □ Self 14. I represent the person as: Other (Specify) Funeral Director I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 17. Address: 16. Date: 15. Signature: 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 Certificate of Naturalization Medical Record Examples of documentary proof: Voter's Registration Card (if it bears an effective date) Military Record (DD-214) Hospital Records Alien Registration Card (front and back) Insurance Records Birth Record We do not accept Driver's License, Social Security card or a iage/Divorce Records Passport 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 2. 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. 3. Up to age one, the parent(s) dr legal guardian may change the child's last name with an affidavit for correction, provided: 4. - 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 crilld'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 DOH/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 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: information.

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.

CHS 023a 6/11/1

AUG 1 4 2012

Alan Melnick Health Officer