

WHEN RECORDED RETURN TO:

James L Garrison
311 Trout creek rd.
Carson, WA 98610

DOCUMENT TITLE(S)

Small Estates Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

Norma Lee Garrison

☐ Additional names on page ____ of document.

GRANTEE(S):

James L Garrison

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

N/A

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

N/A

☐ Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

Small Estates Affidavit

AFFIDAVIT OF James L. Garrison
(Successor's name)

FOR DISTRIBUTION OF DECEDENT'S PROPERTY

State of W. A.

County of Skamania)ss.

I (successor's name), James L. Garrison, being first duly sworn upon oath, declare that:

1. I wish to claim property of the deceased Norma Lee Garrison
(decendent's full name), whose Social Security Number is 341 40 7271, and who was
a Washington state resident on the date of his/her death.

2. I am a successor as defined in RCW 11.62.005. Here are my name and address:

James L Garrison
311 Trout creek rd,
Carson, WA 98610

3. The value of the decedent's entire estate subject to probate, not including the surviving
spouse's community property interest in any assets which are subject to probate in the decedent's

estate, wherever located, less liens and encumbrances, does not exceed \$100,000.

4. At least forty days have elapsed since the decedent's death.
5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
6. All debts of the decedent including funeral and burial expenses have been paid or provided for.
7. I am claiming the following portions of the following property: 100%

All of this property is subject to probate. JLG

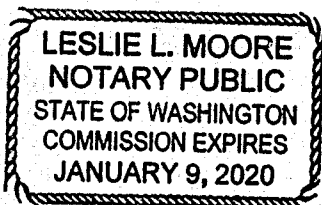
8. I have personally served or mailed written notice to all the decedent's other successors identifying my claim and describing the property claimed. At least ten days have passed since the service or mailing of such notice.
9. I am entitled to full payment or delivery of the property claimed on my own behalf, and on the behalf of any other successor from whom I have attached to this affidavit a written authorization.

Signed this 16th day of April, 202018

James L. Garrison
(your signature)

James L. Garrison
(print or type name)

SIGNED AND SWORN to before me, on April 16th, 2018, by James L. Garrison.



Leslie L. Moore
(Signature)

Leslie L. Moore
(Please print name legibly)
NOTARY PUBLIC in and for the State of
Washington, residing at Cash
My appointment expires: 1-9-2020

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-008355

DATE ISSUED: 03/04/2016

FEE NUMBER: 0002027923

GIVEN NAMES: NORMA LEE
LAST NAME: GARRISON

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: FEBRUARY 26, 2016 FOUND
HOUR OF DEATH: 05:59 P.M. FOUND
SEX: FEMALE
AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JANUARY 07, 1946
BIRTHPLACE: SHELBY, MONTANA

MARITAL STATUS: MARRIED
SPOUSE: JAMES LONNIE GARRISON

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: JAMES LONNIE GARRISON
RELATIONSHIP: SPOUSE
ADDRESS: 311 TROUT CREEK ROAD

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 311 TROUT CREEK ROAD
CITY, STATE, ZIP: STABLER, WASHINGTON 98610

RESIDENCE STREET: 311 TROUT CREEK ROAD
CITY, STATE, ZIP: STABLER, WASHINGTON 98610
INSIDE CITY LIMITS? NO

COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER/PARENT: CHRISTAIN MHYRE
MOTHER/PARENT: BETTY LEVISAY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE, ZIP: WHITE SALMON, WA
DISPOSITION DATE: MARCH 04, 2016

FUNERAL FACILITY: GARDNER FUNERAL HOME, INC.
ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:
A. OCCLUSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: UNKNOWN

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
OBESITY

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: YES
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: ADAM N. KICK
TITLE: CORONER
ME/CORONER
ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON WA 986480790
DATE SIGNED: FEBRUARY 29, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 2016-0435
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
AMANDA HERTZEL
DATE RECEIVED: FEBRUARY 29, 2016



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

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)
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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.
- 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

MAK 04 2016

Christopher Sellers, M.D.
Klickitat County Health Department

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