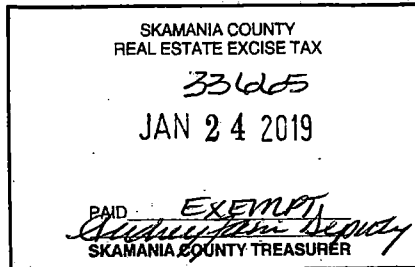


Return Address:

PO BOX 55864  
PORTLAND OR 97238  
SUSANNE HANNONEN



**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee SUSANNE HANNONEN, being first duly sworn  
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is DAUGHTER  
Relationship to decedent  
of EDITH HANNONEN, who died on 8/22/2018  
Decedent/Grantor Date  
at VANCOUVER CLARK WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

LOT 1 WAYNE CLAMONS SR BK 3/06 282  
5.09 AC LESS 23 AC ROAD R/W SKAMANIA COUNTY  
~~see exhibit "A" for full~~ Skamania County Assessor

Date 1-24-19 Parcel# 02053000140000  
JM

Assessor's Property Tax Parcel/Account Number: 02-05 300 A140000  
(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 3)

SUSANNE INKERI HANNONEN, 52, DAUGHTER,  
642 PANDA RD WASHOUGAL WA 98671  
*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

Dated: 1/15/18

SUSANNE INKERI KANNONEN  
 Affiant's full name  
503 349 5761

Telephone number  
642 PANDA RD  
WASHOCCAL Street WA Zip Code 98671  
[Signature] City [Signature] State [Signature] Date 1/15/18  
 Signature Date

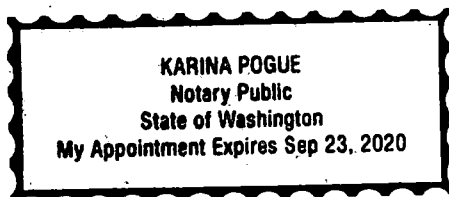
State of Washington County of Clark

I know or have satisfactory evidence that Susanne Hannonen  
 (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: 1/14/19

(SEAL OR  
STAMP)



Karina Pogue  
 Signature of Notary Public  
 Residing at: Vancouver Chase  
 Notary Public in and for the State of WA  
 My appointment expires: 09/23/2020

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-037148

LOCAL FILE NUMBER: 9154

DATE ISSUED: 01/10/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDITH EMILIA  
LAST NAME(S): HANNONEN

COUNTY OF DEATH: CLARK

DATE OF DEATH: AUGUST 22, 2018

HOUR OF DEATH: 07:15 PM

SEX: FEMALE

AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 03, 1928

BIRTHPLACE: FINLAND

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: ADMINISTRATIVE ASSISTANT

INDUSTRY: COMMERCIAL

EDUCATION: 8TH GRADE OR LESS

US ARMED FORCES: NO

INFORMANT: SUSANNE HANNONEN

RELATIONSHIP: DAUGHTER

ADDRESS: PO BOX 55864, PORTLAND, OR 97238

CAUSE OF DEATH:

A: CARDIOGENIC SHOCK

INTERVAL: HOURS

B: ST SEGMENT ELEVATION MYOCARDIAL INFARCTION

INTERVAL: HOURS

C: CORONARY ARTERY DISEASE

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 642 PANDA RD

CITY, STATE, ZIP: WASHOUGAL, WA 98671-7347

INSIDE CITY LIMITS: YES COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER/PARENT: UNKNOWN

MOTHER/PARENT: UNKNOWN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: AUGUST 27, 2018

FUNERAL FACILITY: SIMPLE CREMATION OF SEATTLE TACOMA

ADDRESS: 1201 PACIFIC AVE

CITY, STATE, ZIP: TACOMA, WASHINGTON 98402

FUNERAL DIRECTOR: MICHAEL GALAVIZ

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: PUNEET BANDI, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: AUGUST 26, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: PUNEET BANDI, MD

LOCAL DEPUTY REGISTRAR: KATHY

DATE RECEIVED: AUGUST 27, 2018



**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 File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|
|-------------------|------------|----------|------|------------------|

|                 |  |  |   |
|-----------------|--|--|---|
| <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:<br>First Middle Last  |  | 2. Date of Event:<br>MM/DD/YYYY   |
|                 |  |  | 3. Place of Event:<br>City or County  |
|                 | 4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden  |  | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>First Middle Last/Maiden |
|                 | 6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input checked="" 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: P.O. Box or Street Address City State Zip

|                   |                |
|-------------------|----------------|
| Telephone Number: | Email Address: |
|-------------------|----------------|

**The record now shows:**

|     |     |
|-----|-----|
| 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: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ 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



# CERTIFIED

JAN 10 2019

Mr. Melnick

**Clark County Public Health**



0 2 0 9 3 4 5 8