

WHEN RECORDED RETURN TO:

PATRICIA SMITH  
1122 HUCKINS BUHMAN RD  
WASHOUGAL, WA. 98671

DOCUMENT TITLE(S) *1) AFFIDAVIT of Surviving Spouse or  
2) DEATH CERTIFICATE Domestic Partner*

REFERENCE NUMBER(S) of Documents assigned or released:

*7*  
☐ Additional numbers on page \_\_\_\_\_ of document.

GRANTOR(S):

CRAIG S SMITH - Deceased

☐ Additional names on page \_\_\_\_\_ of document.

GRANTEE(S):

PATRICIA A. SMITH

☐ Additional names on page \_\_\_\_\_ of document.

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

LOT AND HOUSE *Lot 3 of School House SLA  
recorded AFN 2006161315 in  
the County of Skamania, State  
of Washington*

☐ Complete legal on page \_\_\_\_\_ of document.

TAX PARCEL NUMBER(S):

02053140020300 ym 1/31/18

☐ 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.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name:

Signature/Title: *Patricia A. Smith*

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A

JAN 31 2019

PAID *N/A*  
*Christy [Signature] Deputy*  
SKAMANIA COUNTY TREASURER

LFB 01-05

**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 CRAIG S. SMITH

I, (survivor's name) PATRICIA A. SMITH affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02053140020300

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 13 day of JANUARY, 2019 at WASHOUGAL, WA  
(month) (year) (city) (state)

Patricia A. Smith

(Signature of surviving spouse or registered domestic partner)

PATRICIA A SMITH

(Printed name of surviving spouse or registered domestic partner)

1122 HUCKINS BUHMAN RD. WASHOUGAL WA 98671  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

## EXHIBIT 'A'

Lot 3 of School House Subdivision, according to the recorded plat thereof recorded in Auditor's File No. 2006161315 in the County of Skamania, State of Washington.

Excepting therefrom the following described portion of said Lot 3:

Beginning at the corner common to Lots 3 and 6 of afore said School House Subdivision and Lots 5 and 6 of the afore said Skye Subdivision; thence North 89°29'52" East, along the most Southerly North line of Lot 3 of the afore said School House Subdivision, being the Southerly line of Lots 4, 5 and 6 of the afore said School House Subdivision a distance of 602.51 feet to the reentrant corner there of, also being the Southeast corner of Lot 4 of the afore said School House Subdivision; thence South 01°39'55" West, which is the Southerly extension of the East line of afore said Lots 4, a distance of 224.74 feet to the center of certain unnamed creek; thence along the center of said unnamed creek along the following courses, South 75°00'00" West a distance of 18.86 feet; South 65°00'00" West a distance of 25.00 feet; North 81°00'00" West a distance of 16.00 feet; South 55°00'00" West a distance of 20.00 feet; South 82°00'00" West a distance of 122.00 feet; South 86°00'00" West a distance of 112.00 feet; North 17°00'00" West a distance of 21.00 feet; North 62°00'00" West a distance of 40.00 feet; South 59°00'00" West a distance of 30.00 feet; South 09°00'00" West a distance of 21.00 feet; North 86°00'00" West a distance of 56.00 feet; South 75°00'00" West a distance of 21.00 feet; North 84°00'00" West a distance of 28.00 feet; South 85°00'00" West a distance of 40.00 feet; North 89°00'00" West a distance of 83.81 feet to the Southwest corner of the afore said Lot 3; thence North 01°39'55" East, along the most Westerly West line of said Lot 3, a distance of 266.64 feet to the True Point of Beginning.

Skamania County Assessor

Date 1/31/18 Parcel # 02053140020300

LM

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-041795

LOCAL FILE NUMBER: 9456

DATE ISSUED: 09/27/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CRAIG STEWART  
LAST NAME(S): SMITH

COUNTY OF DEATH: CLARK  
DATE OF DEATH: SEPTEMBER 25, 2018  
HOUR OF DEATH: 07:50 AM  
SEX: MALE AGE: 65 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: OCTOBER 31, 1952  
BIRTHPLACE: TORRANCE, CA

MARITAL STATUS: MARRIED  
SPOUSE: PATRICIA ANN CRESEY

OCCUPATION: ASSISTANT MANAGER  
INDUSTRY: PUBLIC TRANSPORTATION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: PATRICIA ANN SMITH  
RELATIONSHIP: WIFE  
ADDRESS: 1122 HUCKINS BUHMAN ROAD WASHOUGAL, WA 98671

CAUSE OF DEATH:  
A: PROSTATE CANCER  
INTERVAL: MONTHS

B:  
INTERVAL:

C:  
INTERVAL:

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: HOSPICE  
FACILITY OR ADDRESS: RAY HICKEY HOSPICE HOUSE  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE, STREET: 1122 HUCKINS BUHMAN ROAD  
CITY, STATE, ZIP: WASHOUGAL, WA 98671  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER/PARENT: HAROLD F SMITH  
MOTHER/PARENT: MARGARET D STEWART

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 26, 2018

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661  
FUNERAL DIRECTOR: NICHOLAS R. BROWN

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: JONATHAN DYKSTRA, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 16811 SE MCGILLIVRAY BLVD  
CITY, STATE, ZIP: VANCOUVER, WA 98683  
DATE SIGNED: SEPTEMBER 26, 2018

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

LOCAL DEPUTY REGISTRAR: TARA VAWTER  
DATE RECEIVED: SEPTEMBER 26, 2018





# 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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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: P.O. Box or Street Address	City	State	Zip
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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 foregoing is true and correct**

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
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Printed name:	Date:	Printed name:	Date:
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**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

- 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.
- 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.
- 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

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

### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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**

SEP 27 2018

*Alan Melnick*  
Alan Melnick

Health Officer  
Clark County Public Health



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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