

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
MAR 6 2019

PAID N/A  
Vickie Clelland, Treasurer  
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 SUSAN A DORN-HODGINS

I, (survivor's name) BRIAN L. HODGINS affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02072100101500 2m 3/6/19

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 6<sup>TH</sup> day of MARCH, 2019 at STEVENSON, WA  
(month) (year) (city) (state)

Brian L. Hodgins  
(Signature of surviving spouse or registered domestic partner)

BRIAN L. HODGINS  
(Printed name of surviving spouse or registered domestic partner)

P.O. Box 258 NO. BONNEVILLE, WA 98639  
(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 13 OF ARIA OAKS, ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK 'B'  
OF PLATS, PAGE 114, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

Skamania County Assessor

Date 3-6-19 Parcel# 02072100101500  
jm

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-005593

LOCAL FILE NUMBER: 425

DATE ISSUED: 02/08/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SUSAN ANN  
LAST NAME(S): DORN-HODGINS

COUNTY OF DEATH: CLARK

DATE OF DEATH: FEBRUARY 04, 2019

HOUR OF DEATH: 12:00 PM

SEX: FEMALE

AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 11, 1944

BIRTHPLACE: SAN BERNARDINO, CA

MARITAL STATUS: MARRIED

SPOUSE: BRIAN LARRY HODGINS

OCCUPATION: BANKER

INDUSTRY: BANK

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: BRIAN LARRY HODGINS

RELATIONSHIP: HUSBAND

ADDRESS: PO BOX 258 NORTH BONNEVILLE, WASHINGTON 98639

CAUSE OF DEATH:

A: GLIOBLASTOMA MULTIFORME

INTERVAL: 3 YEARS

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: HOME

FACILITY OR ADDRESS: 9610 NE 142ND AVENUE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98682

RESIDENCE STREET: 1013 LAKESIDE COURT

CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: LEE JUDSON HATCHER

MOTHER/PARENT: EVELYN LORINE SCHMID

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: FEBRUARY 08, 2019

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL  
CHAPEL

ADDRESS: 1101 NE 112TH AVE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684

FUNERAL DIRECTOR: JENNIFER L. WILSON

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: LEILA AUGUST, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2701 NW VAUGHN ST

CITY, STATE, ZIP: PORTLAND, OR 972105344

DATE SIGNED: FEBRUARY 07, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATHY

DATE RECEIVED: FEBRUARY 08, 2019



# 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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Required	Required information must match current information on record				
	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):
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

- 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

FEB 08 2019

*Alan Melnick*

Alan Melnick, MD, MPH, CPH  
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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