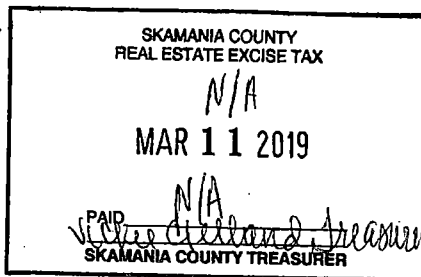


Michele Hardy  
POB 2803  
Vancouver WA  
98668



**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 William Robert Hardy

I, (survivor's name) Michele Lee Hardy affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03082021050000  
03082021060100 (circled)

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 11<sup>th</sup> day of MARCH, 2019 at Stevenson, WA  
(month) (year) (city) (state)

Michele Lee Hardy  
(Signature of surviving spouse or registered domestic partner)

Michele Lee Hardy  
(Printed name of surviving spouse or registered domestic partner)

POBox 2803 Vancouver WA 98668  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

03-08-20-2-1-0500-00

## EXHIBIT A.

Beginning at a point 660 feet South of the Northeast corner of the West Half of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian; thence West parallel to the North line of said Section 20, 448 feet; thence North parallel to the East line of said Section 20, 313 feet to a point which lies South 347 feet from the North line of said Section 20; thence East along a line parallel with and 347 feet South of the North line of said Section 20, 448 feet to the East line of said Section 20; thence South along said East line 313 feet to the point of beginning.

EXCEPT that portion thereof conveyed to the State of Washington for Secondary State Highway 8-0, by Deed dated October 3, 1956 and recorded October 29, 1956 in Book 42 of Deeds at Pages 428 and 429, Auditor File No. 51358.

Skamania County Assessor

Date 7-26-16 Parcel# 3-8-20-2-1-500

8-4-18

3/11/19

SW

03-08-20-2-1-0601-00

Fidelity National Title Company  
EXHIBIT 'A'

ORDER NO.: V37327 RS

## DESCRIPTION

Exhibit A

PARCEL I (601

A tract of land in the Northwest Quarter of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the East line of the Northwest Quarter of the Northeast Quarter of the said Section 20, South 660 feet from the Northeast corner thereof; thence West 430 feet; thence South 100 feet; thence East 430 feet to said East line; thence North 100 feet to the point of beginning.

EXCEPT the West 200 feet as described in Book 76, Page 130, sold to the United Telephone Company of the Northwest, an Oregon Corporation.

3/11/19 Skamania County Assessor  
Date 2-26-10 Parcel # 3-8-20-2-1-601  
8-4-10 500 607

PARCEL II

Beginning at a point 660 feet South of the Northeast corner of the West Half of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian; thence West parallel to the North line of said Section 20, 448 feet; thence North parallel to the East line of said Section 20, 313 feet to a point which lies South 347 feet from the North line of said Section 20; thence East along a line parallel with and 347 feet South of the North line of said Section 20, 448 feet to the East line of said Section 20; thence South along said East line 313 feet to the point of beginning.

EXCEPT that portion thereof conveyed to the State of Washington for Secondary State Highway 8-C, by deed dated October 3, 1956 and recorded October 29, 1956 in Book 42 of Deeds at Pages 428 and 429, Auditor File No. 51358.

PARCEL III

A tract of land situated in the Northwest Quarter of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Hughes Short Plat as recorded June 2, 1981 in Book 3, Page 8 of Short Plats, Records of Skamania County, Auditor File No. 92516.

Gary H. Martin, Skamania County Assessor

Date 11-17-05 Parcel # 3-8-20-2-1-601  
500  
607

DC # 2005159585  
Page 2 of 2DC # 2004152  
Page 2 of 2



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

8+1

Local File Number: 2475 Washington State Certificate of Death State File Number: \_\_\_\_\_

1. Legal Name (include AKA's if any)		2. Death Date	
William	Robert HARDY	October 4, 2014	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day
Male	76	Months Days	Hours Minutes
5. Social Security Number		6. County of Death	
[REDACTED]		Clark	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
October 19, 1937	Piggott	Arkansas	High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify		11. Decedent's Race(s)	
No		White	
12. Was Decedent ever in U.S. Armed Forces? Yes		13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)	
Yes		8212 NE 162nd Ave.	
13b. City or Town		13c. Zip Code + 4	
Vancouver		98682	
13d. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		13e. State or Foreign Country	
		Washington	
14. Estimated length of time at residence		15. Marital Status at Time of Death	
14 Years		Married	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))	
Michelle Diaz		Self Employed	
18. Kind of Business/Industry (Do not use Company Name)		19. Father's Name (First, Middle, Last, Suffix)	
Automobiles		Unknown	
20. Mother's Name Before First Marriage (First, Middle, Last)		21. Informant's Name	
Opal Hardy		Norman Hardy	
22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.	
Son		17218 NE 232nd Ave.	
City or Town		State	
Brush Prairie, WA		98606	
24. Place of Death, if Death Occurred in a Hospital		25. Facility Name (If not a facility, give number & street or location)	
Hospital - Inpatient		PeaceHealth Southwest Medical Center	
26a. City, Town, or Location of Death		26b. State	27. Zip Code
Vancouver		WA	98664
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)	
Burial / Removal from State		Pine Grove Butte Cemetery	
30. Location-City/Town, and State		31. Name and Complete Address of Funeral Facility	
Hood River, Oregon		Sunnyside Little Chapel of the Chimes 11667 SE Stevens Rd. Happy Valley, OR 97086	
32. Date of Disposition		33. Funeral Director Signature X	
10/11/2014		<i>William R. [Signature]</i>	
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Add additional lines if necessary.			
Cause of Death (See instructions and examples)			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Acute Respiratory failure</i> days			
Due to (or as a consequence of):			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <i>Aspiration pneumonia</i> days			
Due to (or as a consequence of):			
c. <i>Diffuse large B-cell Lymphoma</i> months			
Due to (or as a consequence of):			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Manner of Death			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			
39. If female			
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			
<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death			
<input type="checkbox"/> Unknown if pregnant within the past year			
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street	
		City or Town: _____ State: _____ Zip Code + 4: _____	
46. Describe how injury occurred		47. If transportation injury, specify.	
		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician		48b. Medical Examiner/Coroner	
<i>[Signature]</i>		X	
49. Name and Address of Certifier: Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	
Maryann [Signature] 400 NE Mother Joseph Pl		1155	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy)	
Vanc. WA 98664		10/8/14	
53. Title of Certifier		54. License Number	55. ME/Coroner File Number
MD		00043016	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature	
		<i>[Signature]</i>	
58. Date Received		59. Amendments	
OCT 08 2014			

DOH/CHS 003 March 2012

DOH 01-003 (10/15)



# 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 information must match current information on record

<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: 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			
Telephone Number: ( )		Email Address:	

### 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 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

- 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

MAR 15 2016

Alan Melnick  
Health Officer  
Clark County Public Health

FF00000379