

Yancy FRAHS
1201 FRIENDLY LANE
ANCHORAGE AK 99504

**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 KATHERN CAROL FRAHS

I, (survivor's name) THEODORE CARL FRAHS affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03101600040000

Mar 3/25/19	SKAMANIA COUNTY REAL ESTATE EXCISE TAX
	N/A
	MAR 26 2019
	PAID N/A
	<i>Deputy Treasurer</i> SKAMANIA COUNTY TREASURER

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 12th day of MARCH, 2019 at Anchorage, AK
(month) (year) (city) (state)

Theodore C Frahs
(Signature of surviving spouse or registered domestic partner)

THEODORE CARL FRAHS
(Printed name of surviving spouse or registered domestic partner)

1201 FRIENDLY LN ANCHORAGE AK 99504
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Kathern Carol FRAHS						2. Death Date Nov. 25, 2009	
3. Sex (M/F) Female		4a. Age - Last Birthday 82		4b. Under 1 Year Months Days 0 0		5. Social Security Number [REDACTED]	
6. County of Death Skamania		7. Birthdate April 30, 1927		8a. Birthplace (City, Town, or County) Tanasas		8b. (State or Foreign Country) Louisiana	
9. Decedent's Education 6th Grade		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. Yes - Mexican, Spanish		11. Decedent's Race(s) Hispanic, White		12. Was Decedent ever in U.S. Armed Forces? NO	
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.) 1082 Little Buck Creek Road						13b. City or Town Underwood	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98651	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. 50 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Theodore Carl Frahs	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Weaver		18. Kind of Business/Industry (Do not use Company Name) Textiles		20. Mother's Name Before First Marriage (First, Middle, Last) Sanjuanta Marie (Unknown)			
19. Father's Name (First, Middle, Last, Suffix) Francisco Chacon				21. Informant's Name Ted Frahs			
22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 67 Underwood, WA 98651					
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence				25. Facility Name (if not a facility, give number & street or location) 1082 Little Buck Creek Road			
26a. City, Town, or Location of Death Underwood		26b. State WA		27. Zip Code 98651			
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Chris Zada Cemetery		30. Location, City/Town, and State Underwood, Washington			
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672						32. Date of Disposition Nov. 30, 2009	
33. Funeral Director Signature X <i>[Signature]</i>							
Cause of Death (See instructions and examples)							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory Failure Interval between Onset & Death: one day							
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 Chronic Obstructive Pulmonary Disease Interval between Onset & Death: 15 years							
Due to (or as a consequence of):							
Interval between Onset & Death:							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Congestive Heart Failure Diabetes mellitus							
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy) 11/25/2009		42. Hour of Injury (24hrs) 0142		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 1304 Montello Hood River, OR 97031		44. Injury at Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: 1304 Montello		City or Town: Hood River		State: OR		Zip Code + 4: 97031	
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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. Michael Harris MD				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner (Type or Print) Michael Harris 1304 Montello Hood River, OR 97031						50. Hour of Death (24hrs) 0142	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy) 11/25/2009	
53. Title of Certifier MD		54. License Number 17422		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>						58. Date Received (mm/dd/yyyy) NOV 30 2009	
59. Amendments							

DOH/CHS 003 Rev 07/09/07

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



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 Birth 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address: PO 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 foregoing is true and correct

16a. Signature:		16b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to 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 using this form, **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). 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 January 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

JAN 03 2019



0 2 7 2 7 6 6 3

PARCEL #03101600040000

A TRACT OF LAND IN THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 16, TOWNSHIP 3 NORTH, RANGE 10 EAST OF THE WILLAMETTER MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

LOT 1 OF THE T.C. FRAHS SHORT PLAT, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK 2 OF THE SHORT PLATS, PAGE 200, SKAMANIA COUNTY RECORDS.

Skamania County Assessor

Date 3-25-19 Parcel# 03101600040000

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