

James Hutchings
PO Box 42
Carson, WA 98610

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

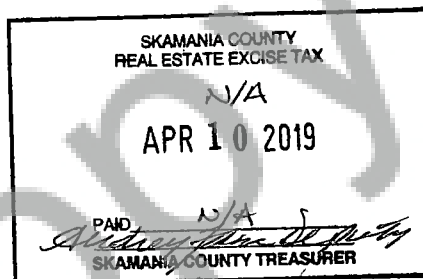
State of Washington

County of Skamania

Name of deceased Shirley Hutchings

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

Parcel number(s) 9M 03082812070000
4/10/19 532 Hot Springs Ave
Carson, WA 98610



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 10 day of April, 2019 at Stevenson, WA
(month) (year) (city) (state)

James Hutchings
(Signature of surviving spouse or registered domestic partner)

James Hutchings
(Printed name of surviving spouse or registered domestic partner)

562 Hot Springs Ave Carson WA 98610
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

Beginning 20.00' east of the Northwest corner of the Northwest Quarter of the Northeast Quarter of the Northwest Quarter of Section 28, Township 3 North, Range 8 East, W.M.; thence S89°26'15"E 124.79' along the north line of said Northwest corner of the Northwest Quarter of the Northeast Quarter of the Northwest Quarter; thence S00°23'09"W 59.06'; thence S89°26'15"E 15.05'; thence S00°23'09"W 103.05'; thence N89°26'15"W 139.84'; thence N00°23'09"E 162.11' to the True Point of Beginning.
Containing 0.50 acres more or less.

Planning Department - BLA Approved By:
APL 11/24/19

The purpose of this deed is to affect a boundary line adjustment between adjoining parcels of land owned by Grantor and Grantee; it is not intended to create a separate parcel, and is therefore exempt from the requirements of RCW 58.17 and the Skamania County Short Plat Ordinance. The property described in this deed cannot be segregated and sold without conforming to the State of Washington and Skamania County Subdivision laws.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		D2 50		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) (First, Middle, Last, Suffix)				2. Death Date			
Shirley Rose HUTCHINGS				Nov 8, 2006			
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death	
F	71	Months Days	Hours Minutes	[REDACTED]		Skamania	
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
Jan 4, 1935		Milton Freewater		Oregon		HS Graduate or GED	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No	
No				White			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)						13b. City or Town	
562 Hot Springs Ave.						Carson	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98610-	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
45Y		Married		James Oliver Hutchings			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
homemaker				Own Home			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Marvin Allen				Goldie Moon			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		23. City or Town State Zip	
James Oliver Hutchings		Husband		PO Box 42		Carson WA 98610-	
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)				26a. City, Town, or Location of Death		26b. State 27. Zip Code	
562 Hot Springs Ave.				Carson		WA 98610-	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location: City/Town, and State			
Cremation		Columbia River Crematory		White Salmon, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Gardner Funeral Home PO Box 390 White Salmon, WA 98672						Nov 13, 2006	
33. Funeral Director Signature							
[Signature]							
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)							
a. Respiratory Arrest							
Due to (or as a consequence of):							
Interval between Onset & Death							
b. Metastatic anal cancer							
Due to (or as a consequence of):							
Interval between Onset & Death							
c. [REDACTED]							
Due to (or as a consequence of):							
Interval between Onset & Death							
d. [REDACTED]							
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						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		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input checked="" type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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						Apt No.	
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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.						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.	
X [Signature]						[Signature]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
Dr. Troy Witherite, M.D. PO Box 1519, White Salmon, WA 98672						0100	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY)	
						11/13/2006	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
MD		46597				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (MM/DD/YYYY)	
X [Signature]						11/14/06	
59. Amendments							

DOH-01-003 (5/99)



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows: 6. 8. 10. 12.	The True fact is: 7. 9. 11. 13.
--	--

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
--	--	--

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

NOV 22 2006

Alan Melnick
 Health Officer
 Skamania Co. Public Health
 NN01216547