

Deborah Bonge
1803 E 4th St
Van. WA 98661

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

NA
JUN 10 2019

PAID NA
by deputy
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: Daniel Lynn Bonge

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

Parcel number(s) 07061840080000 2m 6/10/19

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

Deborah Bonge
(Signature of surviving spouse or registered domestic partner)

(Printed name of surviving spouse or registered domestic partner)

1803 E 4th St Vancouver WA 98661
(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

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-024700

LOCAL FILE NUMBER: 1658

DATE ISSUED: 06/04/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DANIEL LYNN
LAST NAME(S): BONGE

COUNTY OF DEATH: CLARK
DATE OF DEATH: MAY 23, 2019
HOUR OF DEATH: 01:48 AM
SEX: MALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 14, 1958
BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: MARRIED
SPOUSE: DEBORAH SKILLINGS

OCCUPATION: REPAIRMAN
INDUSTRY: INDUSTRIAL FORKLIFTS
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: DEBORAH BONGE
RELATIONSHIP: WIFE
ADDRESS: 1803 E 4TH STREET, VANCOUVER, WA 98661

CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE WITH POSSIBILITY OF CARDIAC ARREST
INTERVAL: AT TIME OF DEATH
B: NON-SMALL CELL LUNG CANCER
INTERVAL: 4 MONTHS
C: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 2 YEARS
D: SMOKING
INTERVAL: 45 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION,
HYPERLIPIDEMIA

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: 1803 E 4TH STREET
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 1803 E 4TH STREET
CITY, STATE, ZIP: VANCOUVER, WA 98661
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 55 YEARS

FATHER/PARENT: DONALD W BONGE
MOTHER/PARENT: FLORENCE RHOADES

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: JUNE 04, 2019

FUNERAL FACILITY: EVERGREEN-STAPLES FUNERAL CHAPEL

ADDRESS: PO BOX 5426
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668-5426
FUNERAL DIRECTOR: JENNIFER M. TUCKER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: TYLER PEAKE, PAC
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 19005 SE 34TH STREET
CITY, STATE, ZIP: VANCOUVER, WA 98683
DATE SIGNED: JUNE 03, 2019

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

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR
DATE RECEIVED: JUNE 04, 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 information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY	(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	First	Middle	Last/Maiden	First	Middle
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:					
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 forgoing 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)

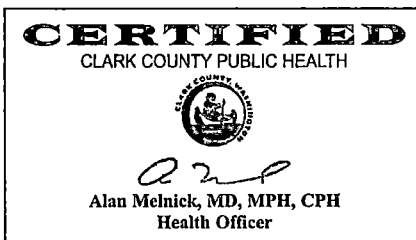
Death Certificates

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



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



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