



00000526201900013070030036

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

State of Washington

County of SKAMANIAName of deceased Jack RandallI, (survivor's name) Cheryl Randall affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) 01050800020400

2m 7/30/19  
Lot 1 John McIntire SP  
BK 2 PG 771979 +  
20 AC PER BLA 2004  
153942

**SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX**

NA

JUL 30 2019

NA

PAID

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 30 day of July, 2019 at Stevenson, WA  
(month) (year) (city) (state)

Cheryl Randall  
 (Signature of surviving spouse or registered domestic partner)

Cheryl Randall  
 (Printed name of surviving spouse or registered domestic partner)

1772 Bellecenter Rd Washougal WA 98671  
(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: 2019-032053

DATE ISSUED: 07/22/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JACK LEWIS

LAST NAME(S): RANDALL JR

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JULY 17, 2019

HOUR OF DEATH: 07:27 PM

SEX: MALE

AGE: 67 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 26, 1951

BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: MARRIED

SPOUSE: CHERYL LYNN RODGERS

OCCUPATION: HOME REPAIR OWNER

INDUSTRY: HOME REPAIR

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: CHERYL LYNN RANDALL

RELATIONSHIP: WIFE

ADDRESS: 1772 BELLE CENTER ROAD WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: NATURAL CAUSES UNKNOWN ETIOLOGY

INTERVAL: 8 DAYS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BLADDER CANCER,  
ATHEROSCLEROTIC HEART DISEASE, CHRONIC OBSTRUCTIVE PULMONARY  
DISEASE, PAN HYPOPHYSECTOMY.

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: 1772 BELLE CENTER ROAD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 1772 BELLE CENTER ROAD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER/PARENT: JACK LEWIS RANDALL SR

MOTHER/PARENT: WINIFRED FLORENCE STOCK

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: JULY 22, 2019

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DAVID J. HAGEN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 327 NE 5TH AVENUE

CITY, STATE, ZIP: CAMAS, WA 98607

DATE SIGNED: JULY 19, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: JULY 22, 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
<b>Required information must match current information on record</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 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 <sup>nd</sup> parent (if required):
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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Adult (18 years or older)                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• If legal guardian(s), include certified court order proving guardianship</li><li>• 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)*</li><li>• After age one, a court order is required to change the last name</li><li>• No proof is required to change the first or middle name*</li><li>• To correct parent's information, one documentary proof is required.</li><li>• To correct the sex of the child, one documentary proof from a medical provider is required</li></ul> | <ul style="list-style-type: none"><li>• Only the adult can change his or her birth certificate</li><li>• If the first or middle name is missing, three pieces of documentary proof are required</li><li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li><li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li></ul> |
- \*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)**

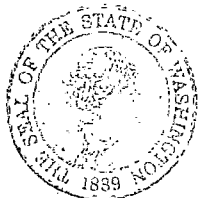
### Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

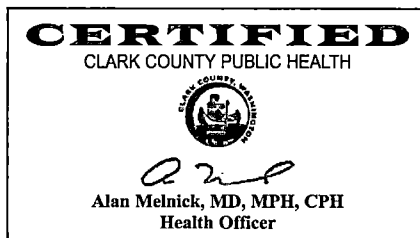
### Marriage/Dissolution (Divorce) Certificates

- 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 January 2015



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



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