

Skamania County, WA  
Total: \$105.50  
ALP  
Pgs=3

2019-001790  
09/23/2019 10:43 AM

Request of: DONALD O CHARLES



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

State of Washington

County of Skamania

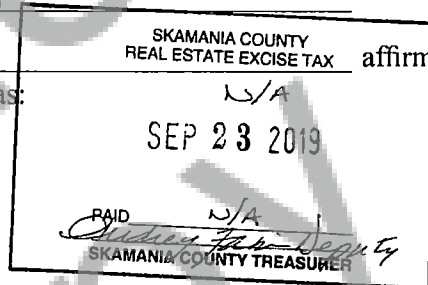
Name of deceased Darlene Mae Charles

I, (survivor's name) Donald O Charles  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02 05 23 30 1900 00

Skamania County Assessor

Date 9-23-19 Parcel# 02052330190000



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 23 day of September, 2019 at Stevenson, Wa  
(month) (year) (city) (state)

[Signature]  
(Signature of surviving spouse or registered domestic partner)

Donald O Charles  
(Printed name of surviving spouse or registered domestic partner)

201 River Glen 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: 2017-037463

LOCAL FILE NUMBER: 5701

DATE ISSUED: 08/30/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DARLENE MAE  
LAST NAME(S): CHARLES

COUNTY OF DEATH: CLARK  
DATE OF DEATH: AUGUST 26, 2017  
HOUR OF DEATH: 11:55 PM

SEX: FEMALE AGE: 70 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 28, 1947  
BIRTHPLACE: VANCOUVER, CLARK COUNTY, WA

MARITAL STATUS: MARRIED  
SPOUSE: DONALD O CHARLES

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: DONALD O CHARLES  
RELATIONSHIP: SPOUSE  
ADDRESS: 201 RIVER GLEN ROAD, WASHOUGAL, WA, 98671

CAUSE OF DEATH:  
A: MULTI-ORGAN SYSTEM FAILURE  
INTERVAL: 8 DAYS  
B: SEPSIS  
INTERVAL: 8 DAYS  
C: WIDELY METASTATIC UNDIFFERENTIATED CARCINOMA MOST CONSISTENT WITH SMALL CELL NEUROENDOCRINE TUMOR  
INTERVAL: 3 YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES, HYPERTENSION,  
HYPERLIPIDEMIA, OBSTRUCTIVE SLEEP APNEA

DATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 201 RIVER GLEN ROAD  
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: CECIL COLE  
MOTHER/PARENT: BEVERLY KNAPP

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS

CITY, STATE: VANCOUVER, WASHINGTON  
DISPOSITION DATE: AUGUST 31, 2017

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL  
CHAPEL  
ADDRESS: 1101 NE 112TH AVE  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684  
FUNERAL DIRECTOR: JOHN A. BRUTTO, II

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

CERTIFIER NAME: STEPHEN KORMANYOS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL  
CITY, STATE, ZIP: VANCOUVER, WA 98664  
DATE SIGNED: AUGUST 29, 2017

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: STEVE KORMANYOS, MD

LOCAL DEPUTY REGISTRAR: ELLEN WELSH  
DATE RECEIVED: AUGUST 30, 2017



# 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 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

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, 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). 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.
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 October 2015

# CERTIFIED

AUG 30 2017

Alan Melnick  
Health Officer  
Clark County Public Health



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



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