



After recording, return to:

Millie L. (Mildred) Maguire  
21 Nail Rd.  
Carson, WA 98610

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WASHINGTON )

SS:

COUNTY OF SKAMANIA )

The undersigned, Mildred L. Maguire, executes this affidavit relating to the estate of Audrey M. Olson (herein "Decedent"), who died on 7/31/2018, in the County of Skamania, State of Washington, then being a resident of the City of Stevenson, County of Skamania, State of Washington. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

☐ the lawful surviving spouse of the Decedent

☐ Registered domestic partner of the Decedent

☒ Surviving child of the Decedent

☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording

No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.

☐ other (identify:) \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:  
(a) a spouse or registered domestic partner, and

- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]]

Name & relationship Garry L. Olson - Son

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

See attached

**5. Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

DATED: 10 February, 2020

William F. Almon  
(Signature)

William F. Almon  
(Print or type full name)

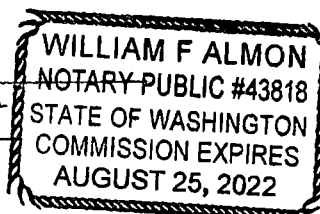
21 Main Rd. Skamania WA 98600  
(Full address and telephone number)

5094278213

State of Washington  
County of Skamania

SUBSCRIBED and SWORN TO before me this 10th day of Feb, 2020,  
by William F. Almon, proved to me on the basis of satisfactory evidence to be the person who  
appeared before me.

William F. Almon  
Notary Public in and for the State of Washington  
residing at Skamania



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-034118

DATE ISSUED: 08/07/2018

FEE NUMBER: 35121

FIRST AND MIDDLE NAME(S): AUDREY MILDRED

LAST NAME(S): OLSON

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JULY 31, 2018

HOUR OF DEATH: 09:45 AM

SEX: FEMALE

AGE: 97 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 31, 1920

BIRTHPLACE: WELLPINIT, WA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: ARTS AND CRAFTS

INDUSTRY: INSTRUCTOR

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: GARRY OLSON

RELATIONSHIP: SON

ADDRESS: 246 KANAKA CR. RD. STEVENSON, WA 98648

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: 10 MINUTES

B: CEREBRAL EVENT

INTERVAL: 5 HOURS

C: ATRIAL FIBRILLATION

INTERVAL: 30 YEARS

D: HYPERTENSION

INTERVAL: 50+

OTHER CONDITIONS CONTRIBUTING TO DEATH: VERY AGED; SUSPECTED  
STROKE, PARKINSON'S DISEASE

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: ROCK COVE ASSISTED LIVING

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 246 KANAKA CREEK ROAD

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 64 YEARS

FATHER/PARENT: WILLIAM ALBERT MARTZALL

MOTHER/PARENT: MARIE BARBARA HILL

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: AUGUST 06, 2018

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LIETTE WITHERRITE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 65371 HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WA 98672

DATE SIGNED: AUGUST 06, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: LIETTE WITHERRITE, MD

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: AUGUST 06, 2018



# 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 |
|-------------------|------------|----------|------|------------------|

### Required information must match current information on record

|   |   |  |                |   |                                      |
|---|---|--|----------------|---|--------------------------------------|
| <b>Required</b>   | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)   |  |                |   |                                      |
|   | 1. Name on Record:<br>First Middle Last   |  |                | 2. Date of Event:<br>MM/DD/YYYY   | 3. Place of Event:<br>City or County |
|   | 4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden   |  |                | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>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:<br>P.O. Box or Street Address City State Zip |   |  |                |   |                                      |
| Telephone Number:<br>( )  |   |  | 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

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



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

# CERTIFIED

AUG 07 2018

Karleen Swarztrauber, M.D., MPH  
Klickitat County Health Department



0 1 2 7 6 3 9 4