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

State of Washington

Skamania County Assessor

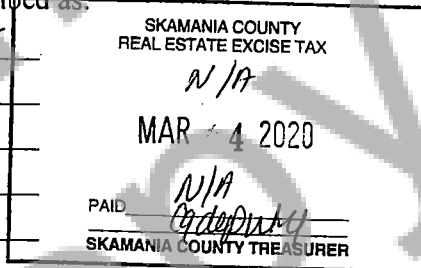
County of Skamania

Date 2/4/20 Parcel# 2-6-28-704-00

Name of deceased Anita Calkins

I, (survivor's name) Ronald L. Calkins affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02062800070400



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 20 day of February, 2020 at Stevenson, Wa  
(month) (year) (city) (state)

Ronald Calkins  
(Signature of surviving spouse or registered domestic partner)

Ronald L. Calkins  
(Printed name of surviving spouse or registered domestic partner)

2142 Duncan Creek Rd Stevenson Wa 98648  
(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: 2019-044622

LOCAL FILE NUMBER: 5741

DATE ISSUED: 10/21/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANITA DOMINGUEZ

LAST NAME(S): CALKINS

COUNTY OF DEATH: CLARK

DATE OF DEATH: OCTOBER 10, 2019

HOUR OF DEATH: 04:10 AM

SEX: FEMALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO

RACE: WHITE

BIRTH DATE: MARCH 21, 1933

BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RONALD CALKINS

OCCUPATION: ASSEMBLY LINE

INDUSTRY: COMMERCIAL FOOD PRODUCTION

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: RONALD CALKINS

RELATIONSHIP: HUSBAND

ADDRESS: 2142 DUNCAN CREEK RD, STEVENSON, WA 98684

CAUSE OF DEATH:

A: CRYPTOGENIC CIRRHOSIS OF THE LIVER

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,  
PERIPHERAL VASCULAR DISEASE, TYPE 2 DIABETES MELLITUS

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: BROOKDALE FISHER'S LANDING

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683

RESIDENCE STREET: 17171 SE 22ND DRIVE, APT 215

CITY, STATE, ZIP: VANCOUVER, WA 98683

INSIDE CITY LIMITS: YES

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER/PARENT: ROSALINO DOMINGUEZ

MOTHER/PARENT: MARIA ROUSSELL

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LOWER COLUMBIA CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: OCTOBER 11, 2019

FUNERAL FACILITY: CASCADIA CREMATION & BURIAL SERVICES

ADDRESS: 6303 E 18TH STREET STE A

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: KIMBERLY S ALBINANA

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: SUZANNE FRIEBERG, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 5400 MACARTHUR BLVD

CITY, STATE, ZIP: VANCOUVER, WA 98668

DATE SIGNED: OCTOBER 11, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: SUZANNE FRIEBERG

LOCAL DEPUTY REGISTRAR: TARA VAWTER

DATE RECEIVED: OCTOBER 11, 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	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 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:	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 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)**

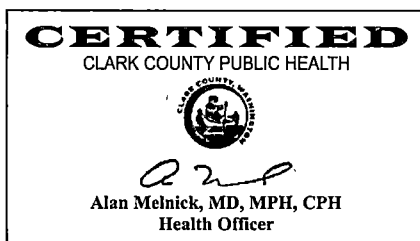
### Death Certificates

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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