



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

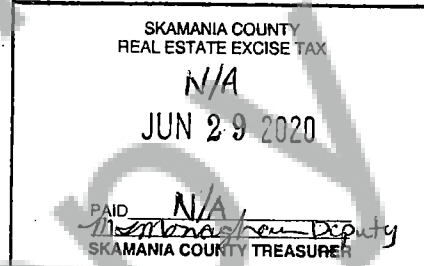
State of Washington

County of Skamania

Name of deceased Horst Wilhelm Schwarz

I, (survivor's name) Sanger E. Schwarz affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03093421100000



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 June day of 2020 at Mt. Hood, OR  
(month) (year) (city) (state)

Sanger E. Schwarz  
(Signature of surviving spouse or registered domestic partner)

Sanger E. Schwarz  
(Printed name of surviving spouse or registered domestic partner)

5400 Hwy 35 Mt. Hood OR 97041  
(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



**OFFICE  
USE  
ONLY**

TYPE OR PRINT IN PERMANENT BLACK INK

2001-1023  
LOCAL FILE NUMBER

## Health CERTIFICATE OF DEATH

146 1 31388  
STATE FILE NUMBER

2. COPIES  
8

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

22.

23.

24.

1. NAME First: <b>Horst</b> Middle: <b>Wilhelm</b> Last: <b>Schwarz</b>			2. SEX (M / F) <b>M</b>		3. DEATH DATE (Mo, Day, Yr) <b>September 9, 2001</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>65</b>		5. UNDER 1 YEAR MOS: <b>65</b> DAYS		6. UNDER 1 DAY HOURS: <b>1/28/1936</b> MINS: <b>Germany</b>		
7. BIRTHDATE (Mo, Day, Yr)			8. BIRTHPLACE (City, State or Foreign Country)			
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>			10. COUNTY OF DEATH <b>Klickitat</b>			
11. CITY, TOWN OR LOCATION OF DEATH <b>White Salmon</b>			12. PLACE OF DEATH — (X) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN: 4. HOSP. 5. RMR HOME 6. OTHER PLACE <b>Skyline Hospital 212 NE Skyline Road</b>			
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>						
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Sanger E. Kelly</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>9</b> College (1-4 or 5+)						
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Saw Mill Worker</b>			19. KIND OF BUSINESS OR INDUSTRY <b>Lumber Company</b>			
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>			21. RACE (Specify) <b>White</b>			
22. RESIDENCE — NUMBER AND STREET <b>91 Cook-Underwood Rd.</b>		23. CITY/TOWN, OR LOCATION <b>Cook Bingen</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		
25A. COUNTY <b>Klickitat</b>		25B. LENGTH OF RES. IN CO. <b>30 yrs.</b>		26. STATE <b>WA</b>		
27. ZIP CODE <b>98605</b>						
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Sanger E. Schwarz</b>			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Anita Schwarz</b>			
30. INFORMANT — NAME <b>Sanger E. Schwarz</b>			31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP <b>91 Cook-Underwood Road Cook Bingen WA 98605</b>			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>			33. DATE (Mo, Day, Yr) <b>09/14/2001</b>			
34. CEMETERY/CREMATORY — NAME <b>Sunset Hills Memorial Park</b>			35. LOCATION — CITY/TOWN, STATE <b>Portland, Oregon</b>			
36. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			37. NAME OF FACILITY <b>Finley Sunset Hills Mortuary</b>			
38. ADDRESS OF FACILITY <b>6801 SW Sunset Hwy. 97225</b>						
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> <b>MD</b>			40. DATE SIGNED (Mo, Day, Yr) <b>9-14-01</b>			
41. HOUR OF DEATH (24 Hrs) <b>9:00 PM</b>			42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> <b>MD</b>			44. DATE SIGNED (Mo, Day, Yr)			
45. HOUR OF DEATH (24 Hrs)			46. PRONOUNCED DEAD (Mo, Day, Yr)			
47. HOUR PRONOUNCED DEAD (24 Hrs)			48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>James Janney MD 212 Skyline Drive White Salmon WA 98672</b>			
49. ME/CORONER FILE NUMBER						
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>A. Ascend</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.			INTERVAL BETWEEN ONSET AND DEATH			
B. DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH			
C. DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH			
D. DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>Diabetes, Cerebro</b>			52. AUTOPSY? (Yes / No) <b>No</b>			
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>						
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		
57. DESCRIBE HOW INJURY OCCURRED:						
58. INJURY AT WORK? (Yes / No) <b>No</b>		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE		
61. RECORD AMENDMENT (Registrar use only) ITEM: <b>x</b> DOCUMENTARY EVIDENCE: <b>[Signature]</b>		62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo, Day, Yr) <b>SEP 14 2001</b>		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



# 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</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 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  

<b>Child under 18</b> <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>	<b>Adult (18 years or older)</b> <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

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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbeck, State Registrar.

*Jean Remsbeck*

ISSUED

MAR 12 2020

