



00004693202000020280050056

WHEN RECORDED RETURN TO:

Sandra Marie Hazard

8511 NE 279th ST

Battle Ground, wa

98604

DOCUMENT TITLE(S)

Affidavit of surviving joint tenant
Certified death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

* Sandra Marie Hazard
Terri L Hazard☐ Additional names on page _____ of document.

GRANTEE(S):

* Sandra Marie Hazard

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Government Lot 2, Section 34, T2N R6E

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

02063400 180000

Skamania County Assessor

Date 8-10-20 Parcel# 2-634-1800

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

AUG 10 2020

PAID N/A
SKAMANIA COUNTY TREASURER

affidavit of surviving joint tenant

STATE OF Washington
COUNTY OF Skamania

Now on this 10th day of August, 2020, I Sandra Hazard, of lawful age, being duly sworn, state as follows:

on the 9th. day of April, 2018, this interest was conveyed by document to Sandra Hazard and Terri Hazard as joint tenants with the right of survivorship, the following property situated in Skamania county, Washington, to wit:

Government Lot 2, Section 34, T2NR6E
Assessors property tax parcel/ account number 02063400180000

Which document was recorded in the records as Record AFN #20180000663 by Auditor Robert J. Waymire.

Attached is a certified copy of the death certificate of Terri Hazard deceased, issued by the State of Washington Department of Health. showing that the deceased joint tenant died on April 12, 2020.

Affiant further states that she is the surviving joint tenant in the described property and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as described above.

Signed Sandra Hazard
Affiant

Subscribed and sworn to before me this 10th day of August, 2020.
my commission expires

(See attached NM)

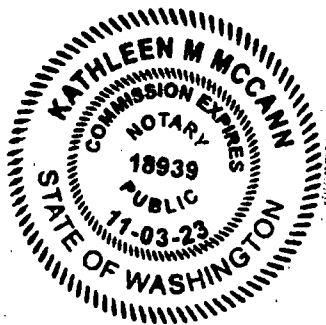
Notary Public

acknowledgment

State of Washington)
County of Clark) SS.

This is to certify that on the 10th day of August, 2020 personally appeared before me SANDRA HAZARD, known to me as the person who executed and signed the forgoing document.

GIVEN under my hand and official the day and year first written above.



[Signature]
Notary Public for the
State of Washington
Residing in: Yakima, Wa
My commission expires: 11-03-23

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-012410

DATE ISSUED: 03/24/2020

FEE NUMBER: 37793

FIRST AND MIDDLE NAME(S): TERRI LEE
LAST NAME(S): HAZARD

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MARCH 12, 2020
HOUR OF DEATH: 02:12 PM PRESUMED
SEX: FEMALE AGE: 57 YEARS
SOCIAL SECURITY NUMBER: UNKNOWN

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

BIRTH DATE: NOVEMBER 19, 1962
BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: SINGLE, NEVER MARRIED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: NURSE
INDUSTRY: HEALTHCARE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: ANNA YOHE
RELATIONSHIP: MOTHER
ADDRESS: P.O. BOX 213, NORTH BONNEVILLE, WA 98639

CAUSE OF DEATH:

A: MULTIPLE BLUNT FORCE INJURIES

INTERVAL: UNKNOWN

B: MOTOR VEHICLE COLLISION

INTERVAL: UNKNOWN

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: MILEPOST 31 1/2 SR 14
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 322 SKAMANIA LANDING RD.
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: UNKNOWN COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: WILLIAM LINDSAY HAZARD
MOTHER: ANNA MARIE DUNN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: MARCH 19, 2020

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: ACCIDENT
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: ADAM N. KICK
TITLE: CORONER/ME
CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON, WA 986480790
DATE SIGNED: MARCH 19, 2020

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 2020-0613
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: MARCH 19, 2020

DATE OF INJURY: MARCH 12, 2020
HOUR OF INJURY: 02:12 PM PRESUMED
INJURY AT WORK: NO
PLACE OF INJURY: STATE ROADWAY HWY 14

LOCATION OF INJURY: MP 36 HWY 14

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648
COUNTY: SKAMANIA

DESCRIBE HOW INJURY OCCURRED: DECEDENT WAS THE DRIVER OF A
MOTOR VEHICLE THAT COLLIDED WITH A TRUCK.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:
Printed name:	Date:

INSTRUCTIONS - go to 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

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

- 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

CERTIFIED

MAR 24 2020

Amy Person, M.D.
Klickitat County Health Department



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