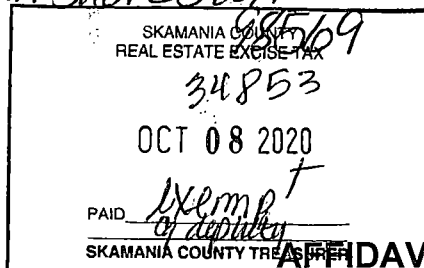




Melanie Garcia
PO BOX 2507
Ocean Shores WA



AFFIDAVIT (LACK OF PROBATE)

Melanie Garcia, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is

only child (relationship to decedent)

of Vikki Burks (decedent), who died on (date)

01/28/20, at

Washougal Skamania WA
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.

PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY: 02053230200000 (M)

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

10152 Washougal River Road

Washougal WA 98671
City State Zip Code

☒ Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under NA County recording number NA; OR

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of ____)

Dated : 10/8/20

Affiant's full name

Melanie Garcia

Telephone number

360 712 1336

1628 Tonguit Ave SW

Street

Ocean Shores

WA

State

98569

Zip Code

Melanie Garcia
Signature

10/8/20

Date

State of Washington

County of Skamania

I know or have satisfactory evidence that

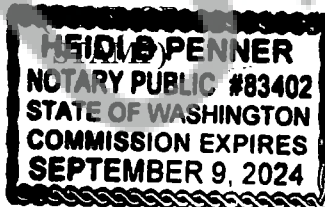
Melanie Garcia
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10 / 08 / 2020

Heidi B. Penner

Signature of Notary Public



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 9 / 2024

02053230200000

A tract of land consisting of portions of lots 49 and 50 of WASHOUGAL RIVERSIDE TRACTS according to the official plat thereof on file and of record at page 80 of book A of plats, Records of Skamania County, Washington more particularly described as follows.

Beginning at the northwest corner of said Lot 49, said point being most westerly corner thereof and said point being the northeast corner of said Lot 50, thence along the northerly line of said Lot 49 north $48^{\circ} 04'$ east 10 feet; thence parallel with the westerly line of said Lot 49 southeasterly 125 feet; thence south $48^{\circ} 04'$ west 110 feet; thence parallel to the easterly line of the said Lot 50 northwesterly 125 feet to the northerly line of said Lot 50; thence north $48^{\circ} 04'$ east 100 feet to the point of beginning.

10152 Washougal RV Rd Washougal WA 98671

Skamania County Assessor

Date 10-8-20 Parcel # 2-5-32-3-2000

[Signature]

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-005220

DATE ISSUED: 02/19/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIKKI MAE

LAST NAME(S): BURKS

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JANUARY 28, 2020

HOUR OF DEATH: 07:00 PM

SEX: FEMALE

AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 26, 1955

BIRTHPLACE: EUGENE, OR

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MANAGER

INDUSTRY: HOSPITALITY INDUSTRY

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: MELANIE GARCIA

RELATIONSHIP: DAUGHTER

ADDRESS: 1028 TONQUIN AVE SW, OCEAN SHORES, WA 98569

CAUSE OF DEATH:

A: METASTATIC LUNG CANCER

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MALIGNANT PLEURAL EFFUSION

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: HOME

FACILITY OR ADDRESS: 10152 WASHOUGAL RIVER RD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 10152 WASHOUGAL RIVER RD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: WILLIAM COFONE

MOTHER: LAURA GRAVELLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: FEBRUARY 05, 2020

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC

ADDRESS: 410 NE GARFIELD STREET

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: RONALD A BROWN

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: STEPHANIE A. COATES, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 700 NE 87TH AVENUE

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: FEBRUARY 03, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: STEPHANIE COATES, MD

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: FEBRUARY 05, 2020



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	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

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.

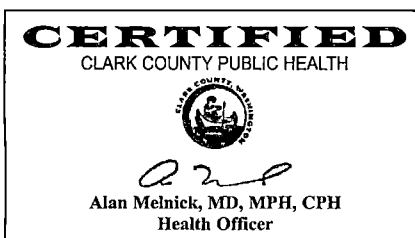
Marriage/Dissolution (Divorce) Certificates

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.



0 3 7 2 8 2 4 5