



When recorded return to:  
Sara Claudia Brown  
PO Box 7  
Carson, WA 98610

**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 Donald L Brown

Skamania County  
Real Estate Excise Tax

N/A  
JAN - 5 2021

PAID

N/A  
Skamania County Treasurer

I, Sara Claudia Brown affirm that I am the sole and rightful heir to the property describes as:

Tax Parcel Number: 03082120018000 (S)

Abbreviated Legal: Sec. 21, T3N, R8E, WM

Legal: See attachment A

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 5 day of January, 2021 at Stevenson, Washington.

X

Sara C Brown

Sara Claudia Brown  
PO Box 7  
Carson, WA 98610

the following described real estate, situated in the County of  
Washington:

Skamania

, State of

A tract of land located in the Northeast Quarter of the Northwest Quarter (NE $\frac{1}{4}$  NW $\frac{1}{4}$ ) of Section 21, Township 3 North, Range 8 E. W. M. described as follows:

Beginning at the southwest corner of the NE $\frac{1}{4}$  of the NW $\frac{1}{4}$  of the said Section 21; thence north 32 rods; thence east 8 rods; thence in a straight line in a southeasterly direction to a point on the south line of the NE $\frac{1}{4}$  of the NW $\frac{1}{4}$  of the said Section 21 east 40 rods from the southwest corner of the NE $\frac{1}{4}$  of the NW $\frac{1}{4}$  of the said section; thence west 40 rods to the point of beginning; EXCEPT that portion thereof conveyed to the Department of Fisheries of the State of Washington by deed dated August 18, 1952, and recorded at page 398 of Book 35 of Deeds, Records of Skamania County, Washington.

Skamania County Assessor

Date 1-5-21 Parcel# 3-8-21-2-180



Unofficial Copy

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-058473

LOCAL FILE NUMBER: 5510

DATE ISSUED: 12/16/2020

FEE NUMBER: 47314

FIRST AND MIDDLE NAME(S): DON  
LAST NAME(S): BROWN

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: DECEMBER 14, 2020  
HOUR OF DEATH: 10:40 AM  
SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 29, 1934  
BIRTHPLACE: WHITE SALMON, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SARA CLAUDIA QUACKENBUSH

OCCUPATION: SUPERINTENDENT  
INDUSTRY: SAWMILL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: SARA BROWN  
RELATIONSHIP: SPOUSE  
ADDRESS: P.O. BOX 7, CARSON, WA 98610

CAUSE OF DEATH:  
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: YEARS  
B: SMOKING  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: OTHER PERSON'S RESIDENCE  
FACILITY OR ADDRESS: 11911 NORTH JUDKINS LANE  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99217

RESIDENCE STREET: 41 SARALE LANE  
CITY, STATE, ZIP: CARSON, WA 98610  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER: ARTHUR EARL BROWN  
MOTHER: HILDA E PRATT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HENNESSEY VALLEY CREMATORY

CITY, STATE: SPOKANE VALLEY, WASHINGTON  
DISPOSITION DATE: DECEMBER 17, 2020

FUNERAL FACILITY: HENNESSEY VALLEY FUNERAL HOME &  
CREMATORY  
ADDRESS: 1315 N PINES RD  
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99206  
FUNERAL DIRECTOR: TRENT D. NIELSEN

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: LEON MCCOOK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 16811 SE MCGILLIVRAY BLVD  
CITY, STATE, ZIP: VANCOUVER, WA 98683  
DATE SIGNED: DECEMBER 15, 2020

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

LOCAL DEPUTY REGISTRAR: SAMANTHA LABUTE  
DATE RECEIVED: DECEMBER 15, 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
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<b>Required</b>	<b>Required information must match current information on record</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 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: 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 currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

### 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

### Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

**CERTIFIED**

**SPOKANE REGIONAL HEALTH DISTRICT**

DEC 16 2020



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



*Paula L. Maxwell*  
Paula L. Maxwell  
CHIEF DEPUTY REGISTRAR



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