



Return Address:

Michael K. Fitch
141 Morning Wings Rd.
Washougal, WA 98661

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Michael K. Fitch, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real property

the real property described below, and is spouse

Relationship to decedent

of Leanne Rae Fitch

Decedent/Grantor

, who died on April 15, 2020

Date

at Vancouver, Clark, WA

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 2 PATSY L. HARADA SP BK 2/PG 92

Assessor's Property Tax Parcel/Account Number: 02051900030400
(Attach full legal description of the property)

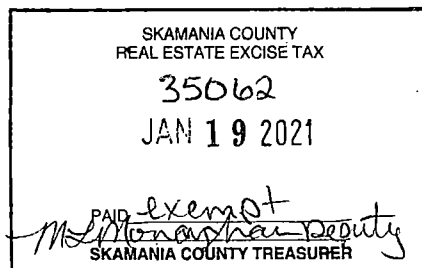
Im 1/19/2021

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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)

REV 84 0017 (1/3/17)



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Michael K. Fitch, 78, Spouse

141 Morning Wings Rd., Washougal, WA 98671

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : January 11, 2021

Michael K. Fitch

Affiant's full name

360-837-3163

Telephone number

141 Morning Wings Rd.

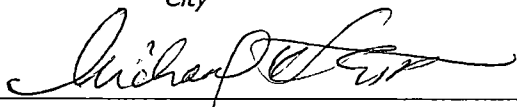
Street

Washougal, WA 98671

City

State

Zip Code



Signature

1/11/21

Date

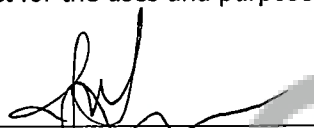
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State of Washington County of Clallam

I know or have satisfactory evidence that Michael K. Fitch
(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: 01/11/2021

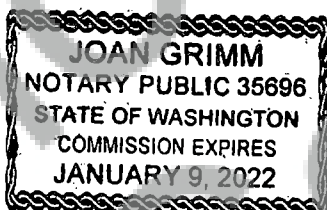

Signature of Notary Public

(SEAL OR STAMP)

Residing at: Vancouver WA

Notary Public in and for the State of WA

My appointment expires: 01/09/2022



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EXHIBIT A

LEGAL DESCRIPTION: Real property in the County of Skamania, State of Washington, described as follows:

The North Half of the West Half of the Southeast Quarter of the Northeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.

Also know as, Lot 2 of the Patsy L. Harada Short Plat, recorded in Book 2, Page 92, Skamania County Records.

Skamania County Assessor

Date 1/19/21 Parcel# 02051900030400
Ym



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-017850

DATE ISSUED: 04/21/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LEANNE RAE

LAST NAME(S): FITCH

COUNTY OF DEATH: CLARK

DATE OF DEATH: APRIL 15, 2020

HOUR OF DEATH: 06:25 AM

SEX: FEMALE

AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JUNE 13, 1951

BIRTH PLACE: FOREST GROVE, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MICHAEL FITCH

OCCUPATION: MEDICAL ASSISTANT

INDUSTRY: HEALTHCARE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: MICHAEL FITCH

RELATIONSHIP: SPOUSE

ADDRESS: 141 MORNING WINGS RD., WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: CEREBRAL VASCULAR DISEASE

INTERVAL: 3 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION,
HYPERLIPIDEMIA, MULTIPLE SCLEROSIS

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: RAY HICKEY HOSPICE HOUSE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 141 MORNING WINGS RD.

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: BURTAL LEE WOODS

MOTHER: EVA MAE ELKIN

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: APRIL 21, 2020

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE

ADDRESS: 11211 SE 82ND AVENUE SUITE N

CITY, STATE, ZIP: HAPPY VALLEY, OREGON 97086

FUNERAL DIRECTOR: MICHELLE L. QUATTROCCHI

MANNER OF DEATH: NATURAL

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: R. ALLEN LABERGE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 65371 HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WA 98672

DATE SIGNED: APRIL 15, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATHY

DATE RECEIVED: APRIL 20, 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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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.

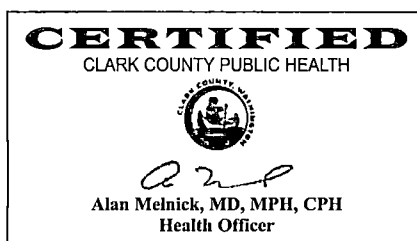
Marriage/Dissolution (Divorce) Certificates

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.



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