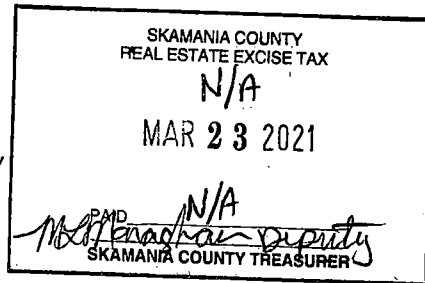




Joan S. Graham  
102 Log Deck Rd  
Willard, Wa  
98605



**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 David Randall Graham

I, (survivor's name) Joan Stevenson Graham affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s)

03090211040000  
Lot 4 of the Plat of Willard  
Book B Page 62

Skamania County Assessor

Date 3-23-21 Parcel # 03090211040000

ym

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 23 day of March, \_\_\_\_\_ at Stevenson Wa  
(month) (year) (city) (state)

Joan S Graham  
(Signature of surviving spouse or registered domestic partner)

Joan Stevenson Graham  
(Printed name of surviving spouse or registered domestic partner)

102 Log Deck Road Willard Wa 98605  
(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

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-010560

DATE ISSUED: 03/11/2021  
FEE NUMBER: EH21-00117

FIRST AND MIDDLE NAME(S): DAVID RANDALL  
LAST NAME(S): GRAHAM

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: FEBRUARY 22, 2021 FOUND  
HOUR OF DEATH: 02:30 PM FOUND  
SEX: MALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER: 570-72-4571

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

BIRTH DATE: DECEMBER 18, 1953  
BIRTHPLACE: WASHINGTON, DC

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JOAN STEVENSON

OCCUPATION: EXECUTIVE  
INDUSTRY: HOME BUILDING  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

INFORMANT: JONATHAN GRAHAM  
RELATIONSHIP: SON  
ADDRESS: 1617 6TH STREET, MINOT, ND 58701

CAUSE OF DEATH:  
A: BLUNT FORCE INJURIES  
INTERVAL: UNKNOWN

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: FEBRUARY 21, 2021 PRESUMED  
HOUR OF INJURY: 11:30 AM PRESUMED  
INJURY AT WORK: NO  
PLACE OF INJURY: MP 11.1 COOK-UNDERWOOD ROAD

LOCATION OF INJURY: MP 11.1 COOK-UNDERWOOD ROAD

CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651  
COUNTY: SKAMANIA

DESCRIBE HOW INJURY OCCURRED: DRIVER OF VEHICLE THAT CRASHED.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE  
FACILITY OR ADDRESS: MP 11.1 COOK-UNDERWOOD RD.  
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651

RESIDENCE STREET: 102 LOG DECK ROAD  
CITY, STATE, ZIP: COOK, WA 98605  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: ROBERT RANDALL GRAHAM  
MOTHER: CAROL KASH

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: MILL-A CEMETERY

CITY, STATE: MILL-A, WASHINGTON  
DISPOSITION DATE: MARCH 04, 2021

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: VICTORIA LARA

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, WASHINGTON 986480790  
DATE SIGNED: MARCH 03, 2021

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL  
DATE RECEIVED: MARCH 04, 2021



# 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:  |  | 2. Date of Event: | 3. Place of Event: |                  |             |
|   | First   | Middle   | Last              | MM/DD/YYYY         | (City or County) |             |
| 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) |   | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  |                   |                    |                  |             |
| First   |   | Middle   | Last/Maiden       | 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 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 foregoing is true and correct

|                 |       |   |       |
|-----------------|-------|---|-------|
| 16a. Signature: |       | 16b. Signature of 2nd 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

- 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
  - 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)

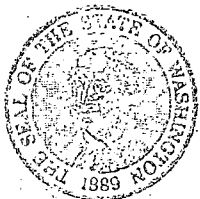
### Death Certificates

- 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



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

CERTIFIED

MAR 11 2021

Amy Person, M.D.  
Klickitat County Health Department

*Amy Person*



0 3 7 5 7 2 2 6