

Skamania County, WA
Total: \$106.50
ALP
Pgs=4

2021-001563

05/05/2021 08:38 AM

Request of: SCOTT AND DEANA MIDLAND



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**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 Jerry Otis

I, (survivor's name) Mary Otis affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) 03 07 25 40 1100 00 ^{B.S.}

Skamania County

Real Estate Excise Tax

N/A

MAY - 5 2021

PAID

N/A

Skamania County Treasurer

Shirley Ann Deputy

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 4 day of May, 2021 at Carson, WA
(month) (year) (city) (state)

Mary Otis

(Signature of surviving spouse or registered domestic partner)

Mary Otis

(Printed name of surviving spouse or registered domestic partner)

P.O. Box 964 Carson WA 98610
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

That portion of the SW $\frac{1}{4}$ SE $\frac{1}{4}$, Section 25, T3N, R7 E.W.M. described as follows: Beginning at the southeast corner of the SW $\frac{1}{4}$ SE $\frac{1}{4}$ of said section 25; thence west along the south line of said section 249 ft.; thence north 19° 31' west 150 ft.; thence east 299 ft.; thence south 141 ft. to the point of beginning, and

A tract of land located in the SE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 25, T3N, R7 E.W.M. described as follows: Beginning at the southeast corner of said Section 25; thence north 01° 11' 17" west along the east line of said section 990 ft.; thence west 857 ft. to the initial point of the tract hereby described; thence south 1000.98 ft. to the south line of the said Sec. 25; thence west 500 ft. more or less to the southwest corner of the SE $\frac{1}{4}$ SE $\frac{1}{4}$ of said section 25; thence north following the west line of the SE $\frac{1}{4}$ SE $\frac{1}{4}$ of said section to a point west of the initial point; thence east 500 ft. more or less to the initial point;

EXCEPT a 300 ft. right-of-way and an easement acquired by the U.S. of America for the Bonneville Power Administration's electrical power transmission lines.

This is to clear title only.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-044990

LOCAL FILE NUMBER: 2834

DATE ISSUED: 11/08/2016

FEE NUMBER: 000000034

GIVEN NAMES: JERRY ALLEN
LAST NAME: OTTIS

COUNTY OF DEATH: CLARK
DATE OF DEATH: NOVEMBER 04, 2016
HOUR OF DEATH: 03:47 P.M.
SEX: MALE
AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JANUARY 26, 1936
BIRTHPLACE: FORT RAIN, SKAMANIA CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MARY LAURENT

OCCUPATION: MILL WORKER
INDUSTRY: MILL
EDUCATION: 8 YEARS
US ARMED FORCES? NO

INFORMANT: TRACY WEISNER
RELATIONSHIP: DAUGHTER
ADDRESS: 2725 S. CORNETT DR., RIDGEFIELD, WA 98642

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: PEACEHEALTH SOUTHWEST MEDICAL CENTER
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: CHERYL LANE
CITY, STATE, ZIP: CARSON, WASHINGTON 98610
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: LEONARD RAYMOND OTTIS
MOTHER/PARENT: DOLLY BELL PATRICK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: NOVEMBER 08, 2016

FUNERAL FACILITY: FUNERAL & CREMATION CARE
ADDRESS: 4400 NE 77TH AVE
CITY, STATE, ZIP: VANCOUVER WA 98662
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:
A. ACUTE CARDIOPULMONARY ARREST
INTERVAL: 1 MINUTE
B. ACUTE RESPIRATORY FAILURE
INTERVAL: 5 HOURS
C. ACUTE HYPOXIA
INTERVAL: 5 HOURS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ACUTE KIDNEY INJURY; ASPIRATION PNEUMONIA; CONGESTIVE HEART FAILURE; CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CEREBRAL VASCULAR ACCIDENT; DIABETES MELLITUS; ISCHEMIC CARDIOMYOPATHY; HYPERTENSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JASON HANLEY, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 400 NE MOTHER JOSEPH PLACE
CITY, STATE, ZIP: VANCOUVER WA 98664
DATE SIGNED: NOVEMBER 08, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
TARA VAWTER
DATE RECEIVED: NOVEMBER 08, 2016

DOH 01-003 (10/15)



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 information must match current information on record

Required	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 Legal 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"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital			
	7. Return Mailing Address: P.O. 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:

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, 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). The informant may change marital status with proof. 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 October 2015

CERTIFIED

Rachel C. Wood M.D., MPH.
RACHEL C. WOOD, M.D., MPH
HEALTH OFFICER/ REGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON

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