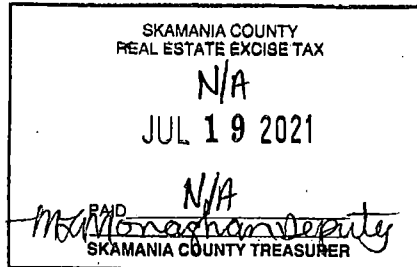




00009670202100025260050054

When recorded, please return to:  
 Marcus J. Fry (gje)  
 Lyon Weigand & Gustafson PS  
 P.O. Box 1689  
 Yakima, WA 98907



## AFFIDAVIT REGARDING LACK OF PROBATE

STATE OF WASHINGTON )  
 ) ss.  
 County of Yakima )

Donald K. Schut, being first duly sworn, on oath deposes and says:

THAT affiant is the lawful surviving spouse of Carolyn Schut, who died on April 24, 2021, at Yakima, Yakima County, Washington, then being a resident of Yakima, Yakima County, Washington. A copy of her death certificate is attached hereto.

The affiant and the Decedent acquired the below described real property together as their community property:

**That portion of the Southwest quarter of the Northwest quarter of Section 22, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:**

**Beginning at the West quarter corner; thence North 00 degrees 19' East a distance of 601.13 feet to the true point of beginning of this description; thence continuing North 00 degrees 19' East a distance of 223 feet; thence North 89 degrees 51' East a distance of 327.36 feet; thence South 00 degrees 19' West a distance of 223 feet; thence South 89 degrees 51' West a distance of 327.36 feet to the true point of beginning.**

**ALSO KNOWN AS Lot 3 of Srouge Short Plat, recorded March 19, 1979, under Auditor's File No. 88208, Records of Skamania County, Washington. Subject to Right of the Public in and to that portion lying within the road.**

**Skamania County Parcel Number 03102200130200**

Skamania County Assessor

Date 7/19/21 Parcel# 3-10-22-1302

THAT affiant has hereinbelow identified each and all heirs at law of Decedent, including but not limited to her children, adopted children and the issue of any predeceased child or adopted child.

THAT the heirs at law of Decedent are (list all of the heirs at law):

Donald K. Schut	legal age	spouse
(full name)	(age)	(relationship to Decedent)

220 S. Kershaw Drive, Yakima WA 98908  
(full address)

Kathleen M. Schut	legal age	daughter
(full name)	(age)	(relationship to Decedent)

220 S. Kershaw Dr. Yakima WA 98908  
(full address)

Clayton H. Schut	legal age	son
(full name)	(age)	(relationship to Decedent)

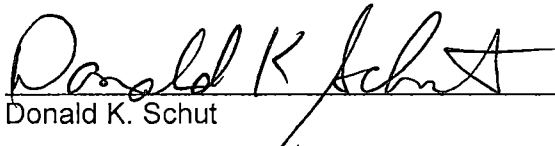
670 E. Mead Aches WA  
(full address)

THAT affiant knows of his own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of said Decedent (including but not limited to: all of the debts of Decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full or otherwise provided for.

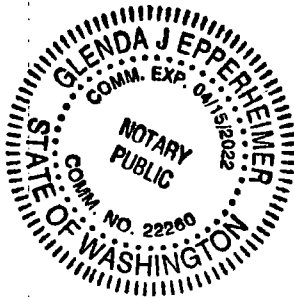
THAT Decedent executed a Last Will and Testament on June 13, 2012, leaving her entire estate to her husband, Donald K. Schut. Said Last Will and Testament was filed with the Yakima County Clerk on May 12, 2021, under Cause No. 21 400331 39.

THAT this affidavit is made solely to induce a title company, to insure title to real property in which Decedent held an interest at the time of her death. Affiant urges to issue its policy of title insurance in full reliance upon the herein representations.

DATED 16<sup>th</sup> day of June, 2021.

  
Donald K. Schut

Subscribed and sworn to before me this 16<sup>th</sup> day of June, 2021.



Glenda J. Epperheimer

(Print Name)

NOTARY PUBLIC in and for the State  
of Washington, residing at Yakima

My commission expires 4-15-22

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-019946

LOCAL FILE NUMBER: 4717

DATE ISSUED: 04/28/2021

FEE NUMBER: 45593

FIRST AND MIDDLE NAME(S): CAROLYN  
LAST NAME(S): SCHUT

COUNTY OF DEATH: YAKIMA

DATE OF DEATH: APRIL 24, 2021

HOUR OF DEATH: 05:25 PM

SEX: FEMALE

AGE: 59 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 04, 1962

BIRTHPLACE: HOLLYWOOD, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DONALD K SCHUT

OCCUPATION: PROFESSOR

INDUSTRY: EDUCATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: CAROLYN SCHUT

RELATIONSHIP: SELF

ADDRESS: 220 SOUTH KERSHAW DRIVE, YAKIMA, WASHINGTON 98908

CAUSE OF DEATH:

A: BREAST CANCER WITH METASTASIS TO THE LIVER AND BONE

INTERVAL: ESTIMATED 6 MONTHS

B:

INTERVAL:

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: HOME

FACILITY OR ADDRESS: 220 S KERSHAW DR

CITY, STATE, ZIP: YAKIMA, WASHINGTON 98908-9031

RESIDENCE STREET: 220 S KERSHAW DR

CITY, STATE, ZIP: YAKIMA, WA 98908-9031

INSIDE CITY LIMITS: NO

COUNTY: YAKIMA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: JOESPH HUSTON

MOTHER: CHAROLETTE GOLONSKY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: YAKIMA COUNTY CREMATORY

CITY, STATE: MOXEE, WASHINGTON

DISPOSITION DATE: APRIL 29, 2021

FUNERAL FACILITY: SHAW & SONS FUNERAL HOME

ADDRESS: 201 N 2ND STREET

CITY, STATE, ZIP: YAKIMA, WASHINGTON 98901

FUNERAL DIRECTOR: DANIEL M. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: KATHERYN LAUER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 302 SOUTH 10TH AVENUE

CITY, STATE, ZIP: YAKIMA, WASHINGTON 98902

DATE SIGNED: APRIL 27, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KIPCIA CEJA-ISIORDIA

DATE RECEIVED: APRIL 28, 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
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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 <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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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

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. Proof documentation must be five or more years old or established within five years of birth.
4. 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.
- \*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.**

#### 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.

#### Death Certificates

1. 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.
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 proof documentation.
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.



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

**CERTIFIED**

*Teresa Everson*

Teresa Everson, MD, MPH,  
Health Officer  
Yakima Health District



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