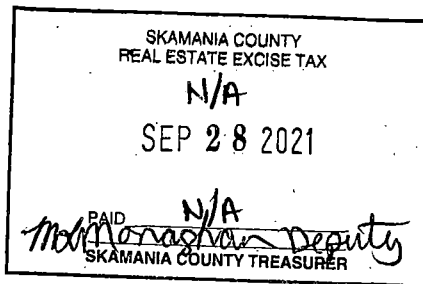




Linda I. Roberts
181 Riverside Dr.
Washougal, WA
98671



**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 Howard A. Roberts

I, (survivor's name) Linda I. Roberts

affirm

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

Parcel number(s) 01051000110100 G.S.
01051000110103

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 18 day of Sept, 2021 at Washougal, wa
(month) (year) (city) (state)

Linda I. Roberts
(Signature of surviving spouse or registered domestic partner)

Linda I. Roberts

(Printed name of surviving spouse or registered domestic partner)

181 Riverside Dr Washougal wa 98671
(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: 2016-043152

LOCAL FILE NUMBER: 2707

DATE ISSUED: 10/26/2016

FEE NUMBER: 0000000034

GIVEN NAMES: HOWARD ANTHONY
LAST NAME: ROBERTS

COUNTY OF DEATH: CLARK
DATE OF DEATH: OCTOBER 21, 2016
HOUR OF DEATH: 08:45 A.M.
SEX: MALE
AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JUNE 20, 1952
BIRTHPLACE: ROSEBURG, DOUGLAS CNTY, OREGON

MARITAL STATUS: MARRIED
SPOUSE: LINDA IRENE NOLAN

OCCUPATION: DRIVER
INDUSTRY: UNIFORM
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: LINDA IRENE ROBERTS
RELATIONSHIP: WIFE
ADDRESS: 181 RIVERSIDE DRIVE, WASHOUGAL, WA 98671

PLACE OF DEATH: HOSPICE FACILITY
FACILITY OR ADDRESS: RAY HICKEY HOSPICE HOUSE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 181 RIVERSIDE DR
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 986717631
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER/PARENT: JAMES ROBERTS
MOTHER/PARENT: CAROL ST ONGE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CALL CREMATORY
CITY, STATE: PORTLAND, OR
DISPOSITION DATE: OCTOBER 25, 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. METASTATIC BLADDER CANCER
INTERVAL: 8 MONTHS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PROSTATE CANCER, HYPERTENSION, LOWER EXTREMITY DEEP VENOUS THROMBOSIS

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

CERTIFIER NAME: GREGORY R. SAUNDERS, MD
TITLE: PHYSICIAN
CERTIFIER:
ADDRESS: 16703 SE MCGILLIVRAY BLVD, SUITE 120
CITY, STATE, ZIP: VANCOUVER WA 98683
DATE SIGNED: OCTOBER 25, 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:
BARBARA ZOTOSKY
DATE RECEIVED: OCTOBER 25, 2016



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

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 foregoing 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, 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., M.P.H.
RACHEL C. WOOD, M.D., MPH
HEALTH OFFICER/ REGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON

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