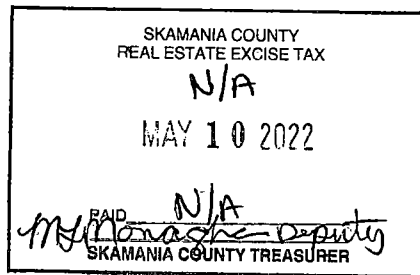




00013019202200009830030037

Return Address:
 Frances A. Bork
 600 SE 95th Avenue
 Vancouver, WA 98664



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 Dean G. Bork

I, (survivor's name) FRANCES A. BORK affirm

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

Parcel number(s) 04072631010900

LOT 9, WIND RIVER LOTS 1, RECORDED
IN BK B/PG 18

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 9 day of MAY, 2022 at VANCOUVER, WA
 (month) (year) (city) (state)

Frances A. Bork
 (Signature of surviving spouse or registered domestic partner)

FRANCES A. BORK
 (Printed name of surviving spouse or registered domestic partner)

600 SE 95th Ave. VANCOUVER WA 98664
 (Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See RCW 82.45.197 on page 2 for statutory requirements.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-019622

DATE ISSUED: 04/19/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DEAN GERALD

LAST NAME(S): BORK

COUNTY OF DEATH: CLARK

DATE OF DEATH: APRIL 07, 2022

HOUR OF DEATH: 06:50 AM

SEX: MALE

AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JUNE 20, 1941

BIRTHPLACE: CALUMET, MI

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: FRANCES A WAGGERMAN

OCCUPATION: GROCERY CLERK

INDUSTRY: GROCERY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: FRANCES BORK

RELATIONSHIP: WIFE

ADDRESS: 600 SE 95TH AVENUE, VANCOUVER, WA, 98664

CAUSE OF DEATH:

A: UNSPECIFIED NATURAL CAUSES

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VASCULAR DEMENTIA WITH
BEHAVIORAL DISTURBANCES WITH DELIRIUM, UNSPECIFIED ATRIAL
FIBRILLATION, CORONARY ARTERY DISEASE, CHRONIC KIDNEY DISEASE
STAGE 3B, ESSENTIAL HYPERTENSION, HYPERLIPIDEMIA

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: THE HAMPTON

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683

RESIDENCE STREET: 600 SE 95TH AVENUE

CITY, STATE, ZIP: VANCOUVER, WA 98664

INSIDE CITY LIMITS: YES

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 54 YEARS

FATHER: BEN R BORK

MOTHER: EDITH ELLEN KECKONEN

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: PARK HILL CEMETERY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: APRIL 19, 2022

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL
CHAPEL

ADDRESS: 1101 NE 112TH AVE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684

FUNERAL DIRECTOR: SCOTT A BOWEN

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: HENRY JUAN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 12607 SE MILL PLAIN BLVD

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684

DATE SIGNED: APRIL 12, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR

DATE RECEIVED: APRIL 14, 2022

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:		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 currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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

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

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.

*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.

Death Certificates

- 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.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



CERTIFIED

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health



0 5 4 6 9 0 5 0