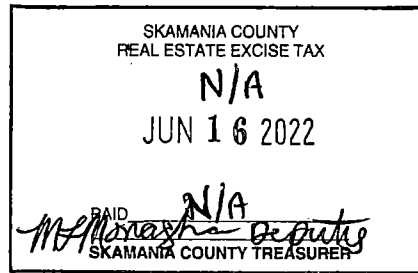




00013399202200012440060063

Return Address:

Catherine Renee Daniels
PO Box 642
Carson WA 98610



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Catherine Renee Daniels, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is grand daughter

Relationship to decedent

of Howard Allen McFall

Decedent/Grantor

, who died on May 13th 2022

Date

at Carson

City

Skamania

County

WA

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

A TRACT of Land Located in the Northeast
Quarter (NE 1/4) of Section 17, Township 3 North
Range 8 E. W. M. more particularly Described
As follows

C Exhibit A For full legal page 2

Assessor's Property Tax Parcel/Account Number: 03081710060000 (DW)
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

Dated : 06/15/22

Catherine Rance Daniels

Affiant's full name

360-605-8940

Telephone number

274 Rakestraw Rd.

Carson WA 98610
City State Zip Code

Catherine Rance Daniels 6/15/22
Signature Date

State of Washington County of Skamania

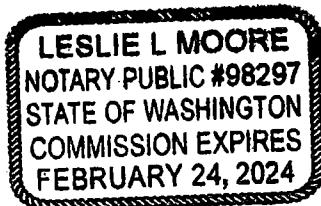
I know or have satisfactory evidence that Catherine Rance Daniels
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 06/16/2022

Leslie L Moore
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 02/24/2024

Full name, age, relationship, address

All other family deceased

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

EXHIBIT A

A TRACT OF LAND LOCATED IN THE NORTHEAST QUARTER (NE $\frac{1}{4}$) OF SECTION 17, TOWNSHIP 3 NORTH, RANGE 8 E. W. M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE QUARTER SECTION LINE 2,497.5 FEET EAST OF THE SOUTHWEST CORNER OF THE NE $\frac{1}{4}$ OF THE SAID SECTION 17; THENCE NORTH 379.5 FEET; THENCE WEST 597.5 FEET TO THE INITIAL POINT OF THE TRACT HEREBY DESCRIBED; THENCE NORTH 295.5 FEET; THENCE WEST 481 FEET; THENCE SOUTH 15 FEET; THENCE WEST 69 FEET; THENCE SOUTH 280.5 FEET TO A POINT 379.5 FEET NORTH OF THE SOUTH LINE OF THE NE $\frac{1}{4}$ OF THE SAID SECTION 17; THENCE EAST 550 FEET TO THE INITIAL POINT.

Skamania County Assessor

Date 6/16/22 Parcel# 3-8-17-1-600

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-026659

DATE ISSUED: 05/25/2022
FEE NUMBER: 144160992

FIRST AND MIDDLE NAME(S): HOWARD ALLEN
LAST NAME(S): MCFALL

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: MAY 13, 2022

HOUR OF DEATH: 10:30 PM

SEX: MALE

AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: NOVEMBER 17, 1926

BIRTHPLACE: PERRYSBURG, OH

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: AIR CREWMAN

INDUSTRY: UNITED STATES MILITARY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: CATHERINE DANIELS

RELATIONSHIP: GRANDDAUGHTER

ADDRESS: PO BOX 642, CARSON, WA 98610

CAUSE OF DEATH:

A: FAILURE TO THRIVE

INTERVAL: UNKNOWN

B: CHRONIC KIDNEY DISEASE

INTERVAL: UNKNOWN

C: PNEUMONIA

INTERVAL: 10 DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ADVANCED AGE

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 272 RAKESTRAW ROAD

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 272 RAKESTRAW ROAD

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER: EARL S MCFALL

MOTHER: LOIS P GEREN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: MAY 25, 2022

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: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: GREGORY ZUCK, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 65371 HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

DATE SIGNED: MAY 24, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: MAY 25, 2022



DOH 422-034 August 2019

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: 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:

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 2nd parent (if required):	
Printed name:	Date:	Printed name:	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.



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

CERTIFIED**MAY 25 2022**Amy Person, M.D.
Klickitat County Health Department*Amy Person*

0 4 8 4 7 0 0 5