



Return Address:

Conway Law, PLLC

1014 Franklin St.

Vancouver, WA 98660

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Christopher H. Stowell 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 the surviving spouse
Relationship to decedent

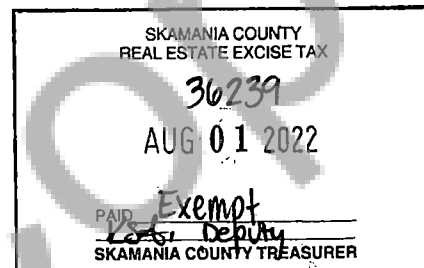
of Trixie L. Stowell, who died on 10/27/2021
Decedent/Grantor *Date*

at Vancouver Clark County Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Legal Description:

Please see attached at Exhibit A.



Assessor's Property Tax Parcel/Account Number: 01050300090000 and 01050300090006
(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)

Travis M. Holstein, Son, 103 S Elm St, Wheeler, WI 54772, age: 46.

Full name, age, relationship, address

Aurora R. Holtzman, Daughter, 812 Canyon Creek Rd, Washougal, WA 98671, age: 46

Full name, age, relationship, address

Laurinda C. Reddig, Daughter, 1203 NW Drake Way, Camas, WA 98607, age: 49

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

Dated : 7/28/2022

Affiant's full name

Christopher H. Stowell

Telephone number

(360)775-1666

1014 Franklin St.

Vancouver

WA

98660

City

State

Zip Code

Christopher H. Stowell

Signature

July 28, 2022

Date

State of Washington

County of Clark

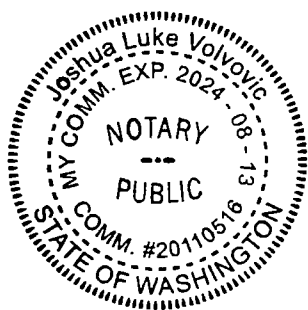
I know or have satisfactory evidence that Christopher H. Stowell

(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: 07 / 28 / 2022

(SEAL OR
STAMP)



Joshua Luke Volvovic
Signature of Notary Public

Residing at: Clark County

Notary Public in and for the State of Washington

My appointment expires: 08/13/2024

EXHIBIT 'A'

01-05-03-0-0-0900-00

01-05-03-0-0-0900-06

The Southwest Quarter of the Southeast Quarter of Section 3, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPT County Roads.

FURTHER EXCEPTING THEREFROM that part of the Southwest Quarter of the Southeast Quarter of Section 3, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as beginning at a point which is North 7° 31' 10" East, 281.77 feet from the South one quarter corner of Section 3, this corner is evidenced by a 1 inch iron pipe with brass cap; thence North 87° 39' 50" East, 200.0 feet; thence South 2° 20' 10" South, 282.0 feet; thence South 88° 40' 40" West, 248.3 feet to the South one quarter corner of Section 3; thence North on the West line of the Southwest Quarter, Southeast Quarter of Section 3, to the Southerly right of way line of Washington State Highway Route Number 140; thence Northeasterly along the Southerly right of way of said highway to a point that is North 2° 20' 10" West, 80 feet more or less from the point of beginning; thence South 2° 20' 10" East, 80 feet more or less to the point of beginning.

Skamania County Assessor

Date 8-1-22 Parcel# 01050300090000
01050300090006

Ym

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 11/05/2021
FEE NUMBER:

CERTIFICATE NUMBER: 2021-054750

FIRST AND MIDDLE NAME(S): **TRIXIE LEE**
LAST NAME(S): **STOWELL**

COUNTY OF DEATH: **CLARK**
DATE OF DEATH: **OCTOBER 27, 2021**
HOUR OF DEATH: **11:33 AM**
SEX: **FEMALE** AGE: **79 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: **OCTOBER 16, 1942**
BIRTHPLACE: **DEER PARK, MI**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **CHRISTOPHER H STOWELL**

OCCUPATION: **PARAEDUCATOR**
INDUSTRY: **EDUCATION**
EDUCATION: **ASSOCIATE DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **CHRISTOPHER H STOWELL**
RELATIONSHIP: **SPOUSE**
ADDRESS: **722 NW 80TH STREET, VANCOUVER, WASHINGTON 98665**

CAUSE OF DEATH:
A: **ALZHEIMER'S DISEASE**
INTERVAL: **UNKNOWN**

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **ASPIRATION PNEUMONIA,
POLYCYSTIC KIDNEY DISEASE WITH CHRONIC KIDNEY DISEASE, SLEEP
DISORDER, ATHEROSCLEROSIS OF THE AORTA**

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: **WHIPPLE CREEK SENIOR ESTATE**
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98685**

RESIDENCE STREET: **722 NW 80TH STREET**
CITY, STATE, ZIP: **VANCOUVER, WA 98665**
INSIDE CITY LIMITS: **NO** COUNTY: **CLARK**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **17 YEARS**

FATHER: **CHARLES WORBY**
MOTHER: **GENEVIEVE CLARK**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **LOWER COLUMBIA CREMATORY**

CITY, STATE: **VANCOUVER, WASHINGTON**
DISPOSITION DATE: **OCTOBER 29, 2021**

FUNERAL FACILITY: **CASCADIA CREMATION & BURIAL SERVICES**

ADDRESS: **6303 E 18TH STREET STE A**
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98661**
FUNERAL DIRECTOR: **JOHN A. BRUTTO, II**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **UNKNOWN**
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: **CHARLOTTE E. WHITE, ARNP**
TITLE: **ARNP**
CERTIFIER ADDRESS: **14508 NE 20TH AVE STE 201**
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98686**
DATE SIGNED: **OCTOBER 28, 2021**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **LINDA L. POLAND**
DATE RECEIVED: **OCTOBER 29, 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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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 forgoing 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

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 Acknowledgement 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

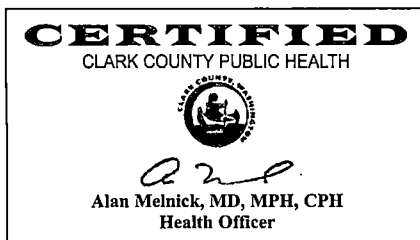
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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