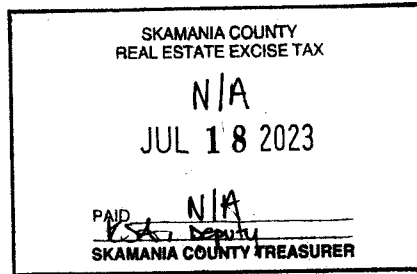




Return Address:

Fred Doney
21 Spring Lane.
Stevenson, WA. 98648



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Fred Doney, 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 husband
Relationship to decedent

of Donna L. Doney, who died on JAN 16-20
Decedent/Grantor Date

at VANCOVER CLARK WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 5 Spring Lane Estate B 158

Skamania County Assessor
Date 7/18/23 Parcel# 2-6-34-112
[Signature]

Assessor's Property Tax Parcel/Account Number: 02063400011200
(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: 7/18/23

Affiant's full name

Fred Doney

Telephone number

509-427-4188

Steverson

City

Street

W 21st Ave

State

Zip Code

98648

Fred Doney
Signature

7/18/23
Date

State of Washington County of Skamania

I know or have satisfactory evidence that

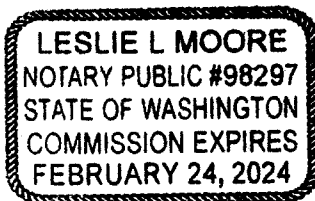
Fred Doney
(name of person)

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: 7/18/23

Leslie L Moore
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Carson

Notary Public in and for the State of WA

My appointment expires: 02/24/2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-002896

LOCAL FILE NUMBER: 6800

DATE ISSUED: 01/28/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONNA LEE
LAST NAME(S): DONEY

COUNTY OF DEATH: CLARK
DATE OF DEATH: JANUARY 16, 2020
HOUR OF DEATH: 10:42 AM
SEX: FEMALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: SEPTEMBER 17, 1950
BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: FRED DONEY

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: FRED DONEY
RELATIONSHIP: SPOUSE
ADDRESS: 21 SPRING LANE, SKAMANIA, WA 98648

CAUSE OF DEATH:
A: SEPTIC SHOCK OF UNCLEAR INFECTIOUS CAUSE
INTERVAL: DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE
WITH ACUTE KIDNEY FAILURE, PULMONARY HYPERTENSION, RIGHT
VENTRICULAR FAILURE

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: HOSPITAL
FACILITY OR ADDRESS: LEGACY AT SALMON CREEK
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98686

RESIDENCE STREET: 21 SPRING LANE
CITY, STATE, ZIP: SKAMANIA, WA 98648
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: DOUGLAS ALSON WATTS
MOTHER: ETHEL ALBERTA ROBBINS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: JANUARY 23, 2020

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC

ADDRESS: 410 NE GARFIELD STREET
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607
FUNERAL DIRECTOR: NICHOLAS R. BROWN

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: STEPHANIE A. COATES, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 700 NE 87TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WA 98664
DATE SIGNED: JANUARY 22, 2020

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: STEPHANIE COATES, MD

LOCAL DEPUTY REGISTRAR: KATHY
DATE RECEIVED: JANUARY 23, 2020



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 |
|-------------------|------------|----------|------|------------------|

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 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 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 forgoing is true and correct

| | |
|-----------------|---|
| 16a. Signature: | 16b. Signature of 2 nd parent (if required): |
| Printed name: | Printed name: |
| Date: | 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

*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 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

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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.

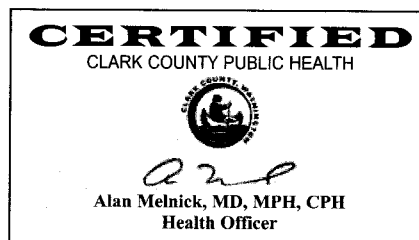
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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 January 2015

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



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