



Return Address:

Mikal E. Hendrickson
3160 Wildwood Drive
Longview, WA 98632

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mikal E. Hendrickson **, 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 323 NW Jefferson Ave parcel #03073634470000 ****
Relationship to decedent
of Margaret Louise Hendrickson, who died on 09/23/2022
Decedent/Grantor *Date*
at Longview Cowlitz County WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

**James L. Hendrickson JTWS

333 NW Jefferson Ave parcel #03073634480000
1225 SW Ryan Allen Road parcel #02070211040000
1225 SW Ryan Allen Road parcel #90006780000000 mobile home only

Skamania County Assessor

Date 9-21-23 Parcel# 03073634470000
03073634470000
02070211040000
90006780000000

Skamania County
Real Estate Excise Tax

SEP 21 2023

PAID

Skamania County Treasurer

Assessor's Property Tax Parcel/Account Number: multiple see above & exhibit A
(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)

Mikal E. Hendrickson SON age 62 360-430-6004

3160 Wildwood Drive, Longview, WA 98632

Full name, age, relationship, address

James L. Hendrickson SON age 56 360-431-0609

2504 Corman Road Longview, WA 98632

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

Dated : 8/28/23

Affiant's full name

Mikal E. Hendrickson and James L. Hendrickson JTWS

Telephone number

see individual phone numbers and addresses on 2nd page

Longview

Street
WA

98632

City

State

Zip Code

[Signature]
Signature

8/28/23
Date

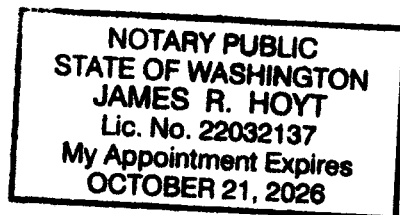
State of WASHINGTON County of CAULIE

I know or have satisfactory evidence that MIKAL E AND JAMES L. HENDRICKSON
(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: 8/28/23

(SEAL OR
STAMP)



[Signature]
Signature of Notary Public

Residing at: CAULIE COUNTY

Notary Public in and for the State of WA

My appointment expires: 10/26

EXHIBIT "A"

PARCEL # 03073634470000 *LM 9/21/23*
323 NW JEFFERSON AVE -STEVENSON, WA 98648

Lot 10 and the south 16 feet of Lot 1 of Block One of JOHNSON'S ADDITION TO THE TOWN OF STEVENSON according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington.

PACEL # 03073634480000 *9/21/23 LM*
333 NE JEFFERSON AVE- STEVENSON, WA 98648

All of Lot 9; Lot 8 EXCEPT the west 30 feet thereof; the south 32 feet of Lot 3 EXCEPT the west 30 feet thereof; the south 32 feet of Lot 2; and the north 16 feet of the south 32 feet of Lot 1; all in Block One of JOHNSON'S ADDITION TO THE TOWN OF STEVENSON according to the official plat thereof on file and of record at page 25 of Book A of Plats, Records of Skamania County, Washington;

SUBJECT TO the municipal ordinances of the Town of Stevenson and sewer hook-up fee.

PARCEL # 02070211040000 *9/21/23 LM*
1225 SW RYAN ALLEN ROAD-STEVENSON, WA 98648

The West Half of that certain tract of land in the Felix G. Iman D.L.C., described as being in the Northeast Quarter of the Northeast Quarter (NE1/4 NE1/4) of Section 2, Township 2 North, Range 7 E.W.M., conveyed to Frank B. Morrison by deed dated December 27, 1910, and recorded January 5, 1911, at page 36 of Book N of Deeds, Records of Skamania County, Washington, the tract hereby described being bounded on the east by a line drawn south from the center to the north line of the tract conveyed to said Frank & Morrison; EXCEPT the north 500 feet thereof; and EXCEPT a tract conveyed to L.T. Coffman by deed dated November 10, 1925, and recorded November 14, 1925, at page 449 of Book U of Deeds; AND EXCEPT a tract conveyed to Irene White by deed dated April 3, 1947, and recorded May 13, 1947, at page 365 of Book 31 of Deeds; AND EXCEPT that portion thereof lying southerly of the Red Bluff Road conveys to Roy O. Ray by deed dated November 30, 1958 and recorded January 5, 1959, at page 382 of Book 45 of Deeds, Records of Skamania County, Washington;

SUBJECT TO a mortgage dated February 5, 1975, executed by the grantors to Columbia Gorge Bank, a corporation, to secure a note in the principal sum of Eleven Thousand and No/100 (\$11,000.00) Dollars; recorded February 10, 1975, at page 470 of Book 52 of Mortgages, under Auditor's File No. 78739, Records of Skamania County, Washington; and the grantees by the acceptance of this conveyance agree to assume and pay the unpaid balance on said mortgage amount to Ten Thousand Eight Hundred Sixty-Nine and 83/100 (10,869.83) Dollars plus interest from April 10, 1975. *TOGETHER WITH AFN 124458, BOOK 155 PAGE 351, DATED FEBRUARY 14, 1996, CITY OF STEVENSON BOUNDARY LINE ADJUSTMENT.*

PARCEL # 9000678000000 MOBILE HOME ON 1225 SW RYAN ALLEN ROAD-STEVENSON, WA 98648
Together With: 1971 Marlett 60/12 %80919 VIN# H12365FK6TW00086 TITLE 0312634909



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-050293

LOCAL FILE NUMBER: 00960

DATE ISSUED: 10/04/2022

FEE NUMBER: 08DAHL0212

FIRST AND MIDDLE NAME(S): MARGARET LOUISE
LAST NAME(S): HENDRICKSON

COUNTY OF DEATH: COWLITZ
DATE OF DEATH: SEPTEMBER 23, 2022
HOUR OF DEATH: 10:10 AM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 06, 1937
BIRTHPLACE: LONGVIEW, WA

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: MIKAL HENDRICKSON
RELATIONSHIP: SON
ADDRESS: 360 WILDWOOD DRIVE, LONGVIEW, WASHINGTON, 98632

CAUSE OF DEATH:
A: LEFT MIDDLE CEREBRAL ARTERY ISCHEMIC STROKE
INTERVAL: UNKNOWN
B: END STAGE CEREBROVASCULAR DISEASE
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION, HISTORY
OF TRANSIENT ISCHEMIC ATTACK, ADRENAL INSUFFICIENCY WITH CHRONIC
STEROID DEPENDENCE, AGITATION, DELIRIUM

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: HOSPICE FACILITY
FACILITY OR ADDRESS: COMMUNITY HOME HEALTH & HOSPICE
CITY, STATE, ZIP: LONGVIEW, WASHINGTON 98632

RESIDENCE STREET: 6429 OLD PACIFIC HIGHWAY
CITY, STATE, ZIP: KALAMA, WA 98625
INSIDE CITY LIMITS: YES COUNTY: COWLITZ
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: OSCAR DUDONSKY
MOTHER: ELEANOR KARNOFSKI

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: KALAMA 100F CEMETERY

CITY, STATE: KALAMA, WASHINGTON
DISPOSITION DATE: OCTOBER 21, 2022

FUNERAL FACILITY: DAHL-MCVICKER FUNERAL HOME

ADDRESS: 301 COWLITZ WAY
CITY, STATE, ZIP: KELSO, WASHINGTON 98626
FUNERAL DIRECTOR: RICHARD F LITTLE

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: RANDI EWING, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1035 11TH AVE
CITY, STATE, ZIP: LONGVIEW, WASHINGTON 98632
DATE SIGNED: SEPTEMBER 30, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TIFFANY BALLARD
DATE RECEIVED: OCTOBER 03, 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 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 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:	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

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 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.
- *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 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.

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.

CERTIFIED

Steven Krager
Steven Krager, MD, MPH
Deputy Health Officer/Registrar
Cowlitz County Health Department
Longview, WA

