



Return Address:

LYNN GUNN
P.O. BOX 486
STEVENSON, WASHINGTON

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee LYNN GUNN, 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 wife

Relationship to decedent

of ERNEST GUNN
Decedent/Grantor

, who died on 9-5-2023
Date

at STEVENSON
City

SKAMANIA
County

WA.
State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: PTN LOT 4 STEVENSON PARK addition
full legal description on Page 3

Skamania County

Real Estate Excise Tax

N/A

OCT 26 2023

PAID

N/A

Skamania County Treasurer

Assessor's Property Tax Parcel/Account Number: 03073614110000
(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)

(Page 1 of)

Dated : _____

LYNN J GUNN

Affiant's full name

509-427-7648

Telephone number

475 Frank Johns Road

Stevenson Washington 98648
City State Zip Code

Lynn Gunn 10-26-2023
Signature Date

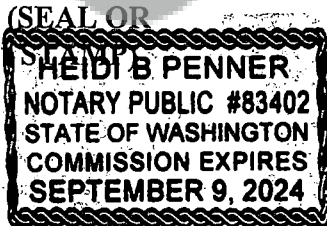
State of Washington County of Skamania

I know or have satisfactory evidence that Lynn Gunn
(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: 10 / 26 / 2023

Heidi B Penner
Signature of Notary Public



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 09 / 09 / 2024

EXHIBIT 'A'

That portion of Lot 4 of STEVENSON PARK ADDITION, according to the official Plat thereof, on file and of record in the office of the Auditor of Skamania County, Washington, more particularly described as follows:

Beginning at the intersection of the North line of the said Lot 4 with the Westerly right-of-way of the county road, known and designated as Frank Johns Road; thence West along the North line of the said Lot 4 a distance of 79.69 feet; thence South $11^{\circ}30'$ East 152.74 feet to an iron pipe on the South line of the said Lot 4; thence East 123.8 feet to intersection with the Westerly right-of-way line of the said Frank Johns Road; thence in a Northwesterly direction following said right-of-way line to the point of beginning.

Skamania County Assessor *sm*

Date 10/26/23 Parcel# 03073614110000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-045047

DATE ISSUED: 09/19/2023

FEE NUMBER: 168998750

FIRST AND MIDDLE NAME(S): ERNEST HERBERT
LAST NAME(S): GUNN

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: SEPTEMBER 05, 2023

HOUR OF DEATH: 05:20 AM

SEX: MALE AGE: 62 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MARCH 12, 1961

BIRTHPLACE: MAYWOOD, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LYNN PALMITER

OCCUPATION: SUPERVISOR

INDUSTRY: FREIGHTLINER

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: LYNN GUNN

RELATIONSHIP: SPOUSE

ADDRESS: 475 FRANK JOHNS ROAD, STEVENSON, WA 98648

CAUSE OF DEATH:

A: SUDDEN CARDIAC DEATH

INTERVAL: UNKNOWN

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, INTERSTITIAL LUNG DISEASE, LONG COVID

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: 475 FRANK JOHNS ROAD

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 475 FRANK JOHNS ROAD

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER: HERBERT GUNN

MOTHER: HOPE FARNSWORTH

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON

DISPOSITION DATE: SEPTEMBER 18, 2023

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: NO

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: ADAM N. KICK

TITLE: CORONER/ME

CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE

CITY, STATE, ZIP: STEVENSON, WASHINGTON 986480790

DATE SIGNED: SEPTEMBER 15, 2023

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 23-06355

ATTENDING PHYSICIAN: PATRICK ROACH, PHYSICIAN

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: SEPTEMBER 18, 2023

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

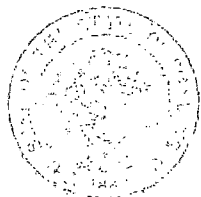
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- 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

SEP 19 2023

Joel McCullough, M.D.
Klickitat County Health Department
Joel McCullough

