

Skamania County, WA  
Total: \$208.50  
ALP  
Pgs=6  
Request of: DANIEL BLACK

2023-001594

11/01/2023 08:44 AM



Return Address:

Daniel Black  
1201 Loop Rd  
Stevenson, WA 98648

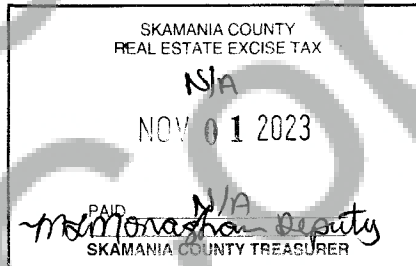
**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Daniel F. Black, 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 Beatrice Kay Black, who died on October 19, 2023  
Decedent/Grantor Date  
at Stevenson Skamania WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Attached Pg 4



Assessor's Property Tax Parcel/Account Number: Attached 03072530040000  
(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)

Benjamin Daniel Black Age 42 Son  
1462 Clarkston Ct Idaho Falls, ID 83401

Full name, age, relationship, address

Amber Marie Molina Age 40 daughter  
31 Rosenbadi Ln Carson, WA 98610

Full name, age, relationship, address

Rachel Lynne Smith Age 38 daughter  
5605 S 3100 W Rexburg, ID 83440

Full name, age, relationship, address

Rebecca April Pachl age 36 daughter  
4768 E113N Idaho Falls, ID 83401

Full name, age, relationship, address

Emily Kaye Furan age 33 daughter  
5th W Trir SO Rexburg, ID 83440

Full name, age, relationship, address

Kristen Loraine Bruegger age 29 daughter  
355 W 2nd S #100 Rexburg, ID 83440

Full name, age, relationship, address

X

Full name, age, relationship, address

X

Full name, age, relationship, address

Dated : \_\_\_\_\_

Daniel Francis Black

Affiant's full name

360-975-2799

Telephone number

1201 Loop Rd

Stevensm WA 98648

City

Street

State

Zip Code

D. F. Black  
Signature

10/31/23  
Date

State of Washington County of Skamania

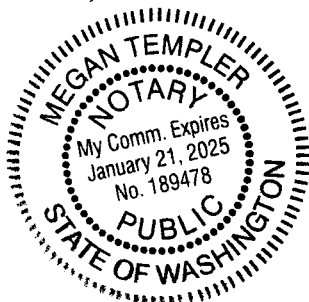
I know or have satisfactory evidence that Daniel F. Black  
(name of person)

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: 10/31/2023

Megan Templer  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Washington

Notary Public in and for the State of WA

My appointment expires: 01/21/2025

the following described real estate, situated in the County of Skamania, State of Washington:

All that portion of the Southeast Quarter of the Southwest Quarter of the Southwest Quarter of Section 25, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, lying Westerly of County Road No. 2028, designated as the Loop Road and Northerly of the Northerly line easement 100 feet in width granted to the United States of America for Bonneville Power Administration's electric power transmission lines by deed dated November 27, 1963, recorded December 9, 1963 in Book 52, Page 178, Auditor File No. 62507, records of Skamania County, Washington.

\*\*\*\*TOGETHER WITH MOBILE HOME VIN #48910464XAB\*\*\*\*\*  
SUBJECT TO:

1. Easement for Transmission lines, including the terms and provisions there of, recorded December 9, 1963 in Book 52, Page 178.
2. Easement for Ingress, Egress & Utilities, including the terms and provisions thereof, recorded March 4, 1980 in Book 77, Page 944.
3. Rights of the public in and to that portion lying within the road.

Skamania County Assessor

Date 11-1-83 Parcel# 3-7-25-3-400



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2023-051338**

DATE ISSUED: **10/24/2023**

FEE NUMBER: **170854308**

FIRST AND MIDDLE NAME(S): **BEATRICE KAY**

LAST NAME(S): **BLACK**

COUNTY OF DEATH: **SKAMANIA**

DATE OF DEATH: **OCTOBER 19, 2023**

HOUR OF DEATH: **06:52 AM**

SEX: **FEMALE**

AGE: **63 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

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

RACE: **WHITE**

BIRTH DATE: **MARCH 08, 1960**

BIRTHPLACE: **VANCOUVER, WA**

MARITAL STATUS: **MARRIED**

SURVIVING SPOUSE: **DANIEL BLACK**

OCCUPATION: **HOME MAKER**

INDUSTRY: **OWN HOME**

EDUCATION: **ASSOCIATE DEGREE**

US ARMED FORCES: **NO**

INFORMANT: **DANIEL BLACK**

RELATIONSHIP: **SPOUSE**

ADDRESS: **1201 LOOP ROAD, STEVENSON, WA 98648**

CAUSE OF DEATH:

A: **COLON CANCER**

INTERVAL: **3 YEARS**

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

PLACE OF DEATH: **DECEDENT'S HOME**

FACILITY OR ADDRESS: **1201 LOOP ROAD**

CITY, STATE, ZIP: **STEVENSON, WASHINGTON 98648**

RESIDENCE STREET: **1201 LOOP ROAD**

CITY, STATE, ZIP: **STEVENSON, WA 98648**

INSIDE CITY LIMITS: **NO**

COUNTY: **SKAMANIA**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **25 YEARS**

FATHER: **EDWARD BURNS LANE**

MOTHER: **GRACE MARIE ENGLISH**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **COLUMBIA GORGE CREMATION**

CITY, STATE: **HOOD RIVER, OREGON**

DISPOSITION DATE: **OCTOBER 23, 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: **NO**

PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **CHRISTOPHER FAISON, MD**

TITLE: **PHYSICIAN**

CERTIFIER ADDRESS: **65371 HIGHWAY 14**

CITY, STATE, ZIP: **WHITE SALMON, WASHINGTON 98672**

DATE SIGNED: **OCTOBER 23, 2023**

CASE REFERRED TO ME/CORONER: **NO**

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **LISA S. MITCHELL**

DATE RECEIVED: **OCTOBER 23, 2023**

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**



# 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
<b>Required information must match current information on record</b>				
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: Printed name: Date:		14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:	
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## INSTRUCTIONS – go to [www.doh.wa.gov](http://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

OCT 24 2023

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

