

Return Address:

Katherine Morrison  
172 Bracken Lane  
Carson, WA 98610

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Katherine Morrison 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 Charles F Morrison, who died on Nov 26, 2023  
Decedent/Grantor Date

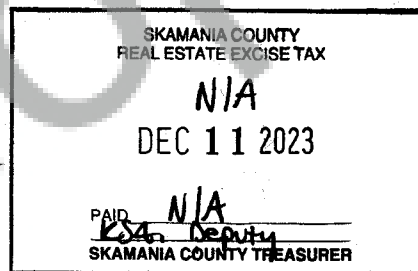
at Vancouver Clark Washington  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

SE Qtr of the NE Qtr of the SW Qtr of Sec 26,  
T 4 N R 7 E of the WM, Skamania County  
WA

See attached Exhibit A



Assessor's Property Tax Parcel/Account Number: 04072630100000  
(Attach full legal description of the property) 6.5-

☐ 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 \_\_\_\_)

Katherine Ann Morrison, age 74, Wife  
~~172~~ 172 Bracken Lane, Carson, WA 98610  
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

Full name, age, relationship, address

Dated: 12-11-2023, December

Eleventh, Two Thousand Twenty Three

Affiant's full name

Katherine Ann Morrison

Telephone number

541-308-5662, 509-427-7446, 172 Bracken Ln

Carson

City

Washington

Street

State

98610

Zip Code

Katherine Morrison

Signature

12-11-23

Date

State of Washington County of Skamania

I know or have satisfactory evidence that

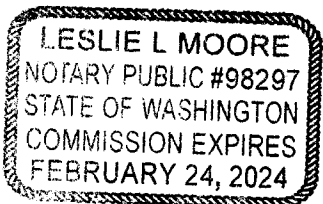
Katherine A Morrison

(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: 12/11/2023

(SEAL OR  
STAMP)



Leslie L Moore

Signature of Notary Public

Residing at: Carson

Notary Public in and for the State of WA

My appointment expires: 02/24/2024

EXHIBIT A

A TRACT OF LAND LOCATED IN THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 26, TOWNSHIP 4 NORTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON.

BEGINNING AT A POINT 765 FEET EAST AND 205 FEET NORTH OF THE SOUTHWEST CORNER OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 26; THENCE SOUTH 77°09' EAST 120 FEET; THENCE NORTH 46°22' EAST 176 FEET, MORE OR LESS, TO THE CENTER OF TROUT CREEK; THENCE IN A NORTHWESTERLY DIRECTION FOLLOWING THE CENTER OF TROUT CREEK TO A POINT DUE NORTH OF THE POINT OF BEGINNING; THENCE SOUTH 174 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

Skamania County Assessor

Date 12/11/23 Parcel# 4-7-26-3-1000  
6.5.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 12/06/2023  
FEE NUMBER:

CERTIFICATE NUMBER: 2023-059006

FIRST AND MIDDLE NAME(S): CHARLES FRANCES  
LAST NAME(S): MORRISON

COUNTY OF DEATH: CLARK  
DATE OF DEATH: NOVEMBER 26, 2023  
HOUR OF DEATH: 06:38 PM  
SEX: MALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: FEBRUARY 29, 1948  
BIRTHPLACE: RIVERSIDE, CA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KATHERINE ANN DECKER

OCCUPATION: PAINTER  
INDUSTRY: BONNEVILLE DAM  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: KATHERINE ANN MORRISON  
RELATIONSHIP: WIFE  
ADDRESS: 172 BRACKEN LANE CARSON, WA 98601

CAUSE OF DEATH:  
A: CARDIAC ARREST  
INTERVAL: MINUTES  
B: SEPTIC SHOCK  
INTERVAL: DAYS  
C: PERFORATED DUODENAL ULCER WITH PERITONITIS  
INTERVAL: DAYS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: SOUTHWEST WASHINGTON MEDICAL CENTER,  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 172 BRACKEN LANE  
CITY, STATE, ZIP: CARSON, WA 98610  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 19 YEARS

FATHER: JOSEPH MORRISON  
MOTHER: CATHERINE GRACE GOODNER

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: WILLAMETTE NATIONAL CEMETERY

CITY, STATE: PORTLAND, OREGON  
DISPOSITION DATE: DECEMBER 05, 2023

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661  
FUNERAL DIRECTOR: NICHOLAS R. BROWN

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: JOEL OHRT, DO  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664  
DATE SIGNED: DECEMBER 04, 2023

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: JOEL OHRT, DO

LOCAL DEPUTY REGISTRAR: ELIZABETH HORTON  
DATE RECEIVED: DECEMBER 05, 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 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 <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

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.

#### 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.

**CERTIFIED**  
CLARK COUNTY PUBLIC HEALTH



*Alan Melnick*  
Alan Melnick, MD, MPH, CPH  
Health Officer

