

Return Address:

Robert Tubbs  
PO Box 942  
CARSON, WASH. 98610

Skamania County, WA  
Total: \$307.50  
ALP  
Pgs=5

2024-000109

01/29/2024 12:24 PM

Request of: ROBERT TUBBS



00017795202400001090050051

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Robert Tubbs, 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 PATRICIA LYNDAY Tubbs, who died on JAN 4 24  
Decedent/Grantor Date

at CARSON SKAMANIA WASH  
City County State

### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

T3, R8, SECTION 28 E.W.M.  
SKAMANIA COUNTY WASH  
SEE FULL LEGAL ATTACHED

Skamania County  
Real Estate Excise Tax

N/A

JAN 29 2024

N/A

PAID

Skamania County Treasurer

K. Deputy

Assessor's Property Tax Parcel/Account Number: 030828 2206000000  
(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 : 1-29-24

Affiant's full name

Robert Tubbs Willard

Telephone number

541 308-5342 322 Hotsprings Ave

CARSON WASH 98610  
City State Zip Code

Robert Tubbs 1-29-24  
Signature Date

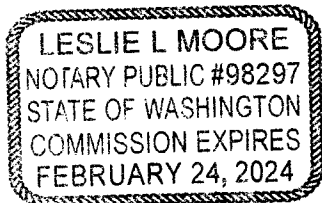
State of Washington County of Skamania

I know or have satisfactory evidence that Robert Willard Tubbs  
(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: 01/29/2024

(SEAL OR  
STAMP)



Leslie L Moore  
Signature of Notary Public

Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 02/24/2024

A tract of land in the Northwest Quarter of the Northwest Quarter of Section 28, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point 270.25 feet East of the Northwest corner of the said Section 28; thence South 155 feet; thence East 50 feet; thence North 155 feet; thence West 50 feet to the point of beginning.

Skamania County Assessor

Date: 1/29/24 Parcel# 0308282206000

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-000939

DATE ISSUED: 01/16/2024

FEE NUMBER: 174770934

FIRST AND MIDDLE NAME(S): PATRICIA LYNDLY  
LAST NAME(S): TUBBS

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: JANUARY 04, 2024  
HOUR OF DEATH: 09:53 AM  
SEX: FEMALE AGE: 62 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: NOVEMBER 24, 1961  
BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ROBERT TUBBS

OCCUPATION: MANAGEMENT  
INDUSTRY: RESTAURANT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: ROBERT TUBBS  
RELATIONSHIP: SPOUSE  
ADDRESS: P.O. BOX 942, CARSON, WA 98610

CAUSE OF DEATH:  
A: UNSPECIFIED NATURAL CAUSES  
INTERVAL: UNKNOWN

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE (COPD), OBESITY, HYPOXIA, LUNG INFECTION.

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: 322 HOT SPRINGS AVE.  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 322 HOT SPRINGS AVE.  
CITY, STATE, ZIP: CARSON, WA 98610  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: MAYNARD HOLMES  
MOTHER: UNKNOWN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HOOD RIVER

CITY, STATE: HOOD RIVER, OREGON  
DISPOSITION DATE: JANUARY 11, 2024

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: YES  
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: JANUARY 11, 2024

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 24-00073  
ATTENDING PHYSICIAN: TROY WITHERITE, PHYSICIAN

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL  
DATE RECEIVED: JANUARY 11, 2024

# 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

|                 |  |  |   |  |
|-----------------|--|--|---|--|
| <b>Required</b> | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)  |  |   |  |
|                 | 1. Name on Record:<br>First Middle Last  |  | 2. Date of Event:<br>MM/DD/YYYY   | 3. Place of Event:<br>(City or County) |
|                 | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden  |  | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>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<br>Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____ |  |   |  |
|                 | 7. Return Mailing Address:<br>PO Box or Street Address City State Zip<br>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: | 14b. Signature of 2 <sup>nd</sup> parent (if required): |
| Printed name:   | Printed name:   |
| Date:           | Date:   |

### 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

JAN 16 2024

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

