



**Return Address:**

**Karen Nutter**

**22916 NE 232<sup>nd</sup> Avenue**

**Battle Ground, WA 98604**

Skamania County  
Real Estate Excise Tax

*N/A*

**JUL 03 2024**

PAID

*N/A*

Skamania County Treasurer

*[Signature]*

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Karen Nutter, being first duly sworn

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 spouse

of Cloyd Lynwood Nutter, aka Lyn Nutter, aka Lynwood Nutter, who died on September 18, 2022

at Battle Ground (City) Clark (County), Washington (State)

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

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

**Cabin Site #59 of Northwoods, being part of Government Lots 4 and 8, Section 26 Township 7N, Range 6E, Willamette Meridian, Skamania County, Washington.**

Abbreviated Legal Description: **Cabin Site #59, Northwoods**

Assessor's Property Tax Parcel/Account Number: **96-000059000000**

☐ 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)

Skamania County Assessor

Date 7-2-24 Parcel# 960000 59000000 *LM*

Michael Lynn Nutter (Son)

Full name, age, relationship, address

9118 NE ~~5th~~ 52nd Ave

Vancouver, Wash 98665

Full name, age, relationship, address

Wade Matthew Nutter (Son)

24107 NE 167th Ave, Battle Ground, Wash 98604

Full name, age, relationship, address

Karen R. Nutter (Pearl)

22916 NE 232 Ave, Battle Ground, Wash 98604

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 7-1-24

Karen Nutter  
Affiant's full name

1-360-687-4251  
Telephone number

22916 NE 232 AVE  
Battle Grd Wash 98604  
City State Zip Code

Karen P Nutter 7-1-24  
Signature Date

State of Washington County of Clark

This record was acknowledged before me on 7/1/24 by **Karen Nutter**.



Notary Public in and for the State of WA  
My commission expires: 6/9/27



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2022-049045**

DATE ISSUED: **09/28/2022**

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **CLOYD LYNWOOD**

LAST NAME(S): **NUTTER**

AKA: **LYN NUTTER**

COUNTY OF DEATH: **CLARK**

DATE OF DEATH: **SEPTEMBER 18, 2022**

HOUR OF DEATH: **04:30 AM**

SEX: **MALE**

AGE: **77 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

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

RACE: **WHITE**

BIRTH DATE: **JANUARY 04, 1945**

BIRTHPLACE: **VANCOUVER, WA**

MARITAL STATUS: **MARRIED**

SURVIVING SPOUSE: **KAREN SMITHLINE**

OCCUPATION: **SHEET METAL WORKER**

INDUSTRY: **SHEET METAL**

EDUCATION: **ASSOCIATE DEGREE**

US ARMED FORCES: **NO**

INFORMANT: **KAREN NUTTER**

RELATIONSHIP: **SPOUSE**

ADDRESS: **22916 NE 232ND AVE BATTLE GROUND, WA 98604**

CAUSE OF DEATH:

A: **METASTATIC SARCOMATOID MESOTHELICMA**

INTERVAL: **MONTHS**

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **PROTEIN CALORIE  
MALNUTRITION, CORONARY ARTERY DISEASE, CEREBROVASCULAR  
ACCIDENT, BONE METASTASIS**

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: **22916 NE 232ND AVE**

CITY, STATE, ZIP: **BATTLE GROUND, WASHINGTON 98604-5027**

RESIDENCE STREET: **22916 NE 232ND AVE**

CITY, STATE, ZIP: **BATTLE GROUND, WA 98604-5027**

INSIDE CITY LIMITS: **NO**

COUNTY: **CLARK**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **53 YEARS**

FATHER: **CLOYD G NUTTER**

MOTHER: **ALDA L COLE**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **EVERGREEN MEMORIAL GARDENS CREMATORY**

CITY, STATE: **VANCOUVER, WASHINGTON**

DISPOSITION DATE: **OCTOBER 09, 2022**

FUNERAL FACILITY: **EVERGREEN MEMORIAL GARDENS FUNERAL  
CHAPEL**

ADDRESS: **1101 NE 112TH AVE**

CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98684**

FUNERAL DIRECTOR: **APRIL SISTONI**

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: **ALYSHA GOODWIN, ARNP**

TITLE: **ARNP**

CERTIFIER ADDRESS: **5400 MACARTHUR BLVD**

CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98668**

DATE SIGNED: **SEPTEMBER 26, 2022**

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

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **ALYSHA GOODWIN, ARNP**

LOCAL DEPUTY REGISTRAR: **KATIE GRAUE**

DATE RECEIVED: **SEPTEMBER 26, 2022**





DOH 422-034 August 2019

**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**

<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: 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 <sup>nd</sup> parent (if required):
Printed name:	Date:
Printed name:	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**  
CLARK COUNTY PUBLIC HEALTHAlan Melnick, MD, MPH, CPH  
Health OfficerCertificate not valid unless the Seal of the State of  
Washington changes color when heat applied.

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