



Return Address:

Eugene A Bowen
41 Shepherd Falls Rd
Corson WA 98610

Skamania County
Real Estate Excise Tax

N/A
JUL 22 2024

PAID

N/A

Skamania County Treasurer
M. Monaghan Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Eugene A Bowen, 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 Naty A Bowen, who died on 6-21-24
Decedent/Grantor Date

at White Salmon Klickitat WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 1 Bailey Construction s/plot BK1, PG14

Skamania County Assessor

Date 7/22/24 Parcel# 3-8-21-2-818

Assessor's Property Tax Parcel/Account Number: 03082120081800 (X)
(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 : 7-22-24

Eugene Abram Bower
Affiant's full name

360 904 8564
Telephone number

41 Shepherd Hills Rd

Carson WA 98610
City State Zip Code

Eugene A Bower 7-22-24
Signature Date

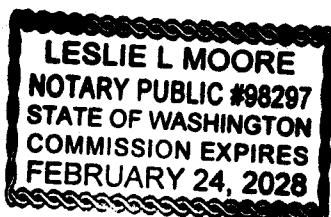
State of Washington County of Skamania

I know or have satisfactory evidence that Eugene Abram Bower
(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: 07/22/24

(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: 02/24/28

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-032123

LOCAL FILE NUMBER: 24-091

DATE ISSUED: 07/09/2024

FEE NUMBER: 184379586

FIRST AND MIDDLE NAME(S): NATY ALICE

LAST NAME(S): BOWEN

COUNTY OF DEATH: KLUCKITAT

DATE OF DEATH: JUNE 21, 2024

HOUR OF DEATH: 01:10 AM

SEX: FEMALE AGE: 85 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 17, 1939

BIRTHPLACE: EUGENE, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: EUGENE BOWEN

OCCUPATION: TEACHER - ELEMENTARY/MIDDLE SCHOOL

INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: EUGENE BOWEN

RELATIONSHIP: HUSBAND

ADDRESS: 41 SHIPHERD FALLS RDCARSON, WA 98610

CAUSE OF DEATH:

A: INTRACRANIAL HEMORRHAGE

INTERVAL: 2 MONTHS

B: FALL

INTERVAL: 2 MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
TYPE 2 DIABETES MELLITUS, HYPERTENSION, HISTORY OF STROKE IN 2008

DATE OF INJURY: MAY 12, 2024

HOUR OF INJURY: 12:00 AM ESTIMATED

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED: FALL AT HOME, ASSESSED IN ED. CT
HEAD CONFIRMED ICH

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: 460 NE CHERRY ST

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

RESIDENCE STREET: 460 NE CHERRY ST

CITY, STATE, ZIP: WHITE SALMON, WA 98672

INSIDE CITY LIMITS: YES

COUNTY: KLUCKITAT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 DAYS

FATHER: HAROLD L RAY

MOTHER: RUHAMA ADAIR

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: WIND RIVER MEMORIAL CEMETERY

CITY, STATE: CARSON, WASHINGTON

DISPOSITION DATE: JULY 08, 2024

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: JOHN H. TRUMBULL

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: NOT APPLICABLE

CERTIFIER NAME: JORDAN NAGLE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 407 PORTWAY AVE STE 201

CITY, STATE, ZIP: HOOD RIVER, OREGON 97031

DATE SIGNED: JUNE 27, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 2024C253

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA CHRISTINA TORRES

DATE RECEIVED: JULY 05, 2024



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

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

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

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 Acknowledgement 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

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

JUL 09 2024

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

Certificate not valid unless the Seal of the State of
Washington changes color when heat applied.



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