

2024-001472

10/09/2024 11:50 AM



Return Address:

Christine M. Blustone
41 Sooter Rd
Underwood, WA 98651

Skamania County
Real Estate Excise Tax

N/A

OCT 09 2024

PAID

N/A

Skamania County Treasurer

M. J. O'Connell Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Christine M. Blustone, 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 Ross J. Blustone, who died on Nov. 22, 2021
Decedent/Grantor Date

at Underwood Skamania WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 7 of Sooter Tracts - File on record
at page 138 of Book A of Plats

Skamania County Assessor

Date 10-9-24 Parcel# 03102214090400
pm

Assessor's Property Tax Parcel/Account Number: 03102214090400
(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 3)

Christine Marie Bluestone

72 years old wife

Full name, age, relationship, address

41 Sooter Rd

Underwood, WA 98651

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 : October 8, 2024

Affiant's full name

Christine Marie Blustone

Telephone number

509-774-8360 41 Sooten Rd

Underwood

Street

WA

98651

City

State

Zip Code

Christine M Blustone

Signature

10/8/2024

Date

State of Washington County of Klickitat

I know or have satisfactory evidence that

Christine Blustone
(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: 10/08/2024

[Signature]
Signature of Notary Public

(SEAL OR
STAMP)

NOTARY PUBLIC
STATE OF WASHINGTON
AVARY LASTOFKA
MY COMMISSION EXPIRES
NOVEMBER 15, 2027
COMMISSION # 23034626

Residing at: Riverview Bank

Notary Public in and for the State of Washington

My appointment expires: 11/15/2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-060409

DATE ISSUED: 05/17/2022

FEE NUMBER: 143774486

FIRST AND MIDDLE NAME(S): ROSS JAY
LAST NAME(S): BLUESTONE

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: NOVEMBER 22, 2021
HOUR OF DEATH: 05:15 PM

SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 23, 1947
BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CHRISTINE PEARSON

OCCUPATION: FORESTRY
INDUSTRY: FOREST SERVICE
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

INFORMANT: CHRISTINE BLUESTONE
RELATIONSHIP: SPOUSE
ADDRESS: 41 SOOTER ROAD, UNDERWOOD, WA 98651

CAUSE OF DEATH:
A: RECURRENT VENTRICULAR FIBRILLATION
INTERVAL: MINUTES
B: NON-ISCHEMIC CARDIOMYOPATHY
INTERVAL: YEARS
C: MITRAL REGURGITATION
INTERVAL: YEARS
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: DECEDENT'S HOME
FACILITY OR ADDRESS: 41 SOOTER ROAD
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651

RESIDENCE STREET: 41 SOOTER ROAD
CITY, STATE, ZIP: UNDERWOOD, WA 98651
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: HARRY BLUESTONE
MOTHER: LEORA E COX

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: NOVEMBER 29, 2021

FUNERAL FACILITY: GARDNER FUNERAL HOME INC.

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

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: THOMAS P. SCHAAF, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 6410 NE HALSEY ST
CITY, STATE, ZIP: PORTLAND, OREGON 97213
DATE SIGNED: NOVEMBER 24, 2021

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: NOVEMBER 29, 2021



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	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 Legal 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address: P.O. Box or Street Address	City	State	Zip
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Telephone Number: ()	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
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Printed name:	Date:	Printed name:	Date:
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INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



CERTIFIED

MAY 17 2022

Amy Person, M.D.
Klickitat County Health Department

Amy Person



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