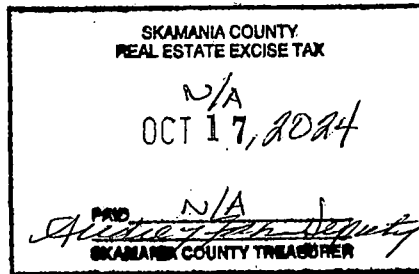




Return Address:

JOEL E. CARTER
31 PRINDLE RD.
WASHOUGAL WA 98671



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JOEL E. CARTER, 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 CHRISTINE K. CARTER, who died on 9-22-24
Decedent/Grantor Date

at 31 PRINDLE RD., WASHOUGAL, SKAMANIA, WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: T1, R5, S11, E.W.M.

SEE ATTACHED EXHIBIT "A"

Assessor's Property Tax Parcel/Account Number: 01051110050000
(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)

JACOB EDWARD CARTER, SON, 36

4000 NE 109TH AVE, UNIT 169, VANCOUVER WA 98682-5726

Full name, age, relationship, address

Full name, age, relationship, address

NICKOLAI JOHNATHAN CARTER, ~~SON~~ SON, 30

5701 N.W. 102ND AVE APT#25 VANCOUVER WA

Full name, age, relationship, address

98662

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 : 10-17-24

JOEL EDWIN CARTER

Affiant's full name

360. 837. 9297

Telephone number

31 PRINDLE Rd.

WASHOUGAL WASHINGTON 98671
City State Zip Code

Joel E Carter OCT 17, 2024
Signature Date

State of Washington County of SKAMANIA

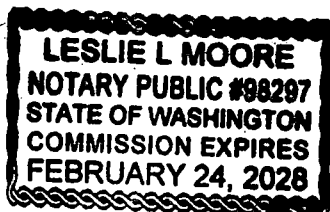
I know or have satisfactory evidence that Joel E Carter
(name of person)

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: 10/17/2024

Leslie L Moore
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 2/24/2028

Exhibit A

Lots 6 and 7 in Block C in the Townsite of Prindle, according to the plat thereof, recorded in Volume "A" of Plats, page 28, records of Skamania County, Washington.

AND COMMENCING at the Northeasterly corner of Lot 10, Block C of the Townsite of Prindle, according to the official plat thereof on file in the office of the Auditor of Skamania County, Washington; thence North $32^{\circ}28'$ West to intersection with the Southerly line of State Road No. 8; thence Northwesterly along State Road No. 8 to intersection with the center line of said Block C (being the Easterly line of Lot 7 of said Block C); thence South $32^{\circ}23'$ East along the Easterly line of Lots 7 and 6 said Block C to the Northwesterly corner of said Lot 10, Block C; thence at right angles along the Northerly line of said Lot 10 to the point of beginning.

Skamania County Assessor

Date 10/17/24 Parcel# 1-5-11-500
AW

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-047822

DATE ISSUED: 10/04/2024

FEE NUMBER: 189346060

FIRST AND MIDDLE NAME(S): CHRISTINE KAY
LAST NAME(S): CARTER

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: SEPTEMBER 22, 2024

HOUR OF DEATH: 11:34 AM

SEX: FEMALE AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 12, 1958

BIRTHPLACE: DENVER, CO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JOEL CARTER

OCCUPATION: PTI- DRIVER/ CHAUFFEUSE

INDUSTRY: TRANSPORTATION - RAIL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: JOEL CARTER

RELATIONSHIP: SPOUSE

ADDRESS: 31 PRINDLE RD, WASHOUGAL, WASHINGTON 98671

CAUSE OF DEATH:

A: UNSPECIFIED NATURAL CAUSES

INTERVAL: UNKNOWN

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERCOAGULABLE STATE,
LYMPHOMA, SEVERE OBSTRUCTIVE SLEEP APNEA, HYPERLIPIDEMIA, MORBID
OBESITY.

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: 31 PRINDLE RD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671-7616

RESIDENCE STREET: 31 PRINDLE RD

CITY, STATE, ZIP: WASHOUGAL, WA 98671-7616

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: RUSSELL MANN

MOTHER: BARBARA COOK

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON

DISPOSITION DATE: OCTOBER 02, 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: ADAM N. KICK, CORONER

TITLE: CORONER/ME

CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

DATE SIGNED: SEPTEMBER 27, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 24-06877

ATTENDING PHYSICIAN: MELLANY MANAIG, PHYSICIAN

LOCAL DEPUTY REGISTRAR: LISA MITCHELL

DATE RECEIVED: OCTOBER 02, 2024

Affidavit for Correction

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

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 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 nd parent (if required):	
Printed name:	Date:	Printed name:	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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

*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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

OCT 04 2024

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

