



Skamania County
Real Estate Excise Tax

N/A
DEC 10 2024

Return Address:

MIKE J. MCHUGH
160 HOWARD AVE NW
STEVENSON, WASH 98648

PAID N/A
Skamania County Treasurer
Melmonaga Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee MICHAEL J. MCHUGH, 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 DOMESTIC PARTNER
Relationship to decedent
of LINDA HUNTER, who died on 11/1/2024
Decedent/Grantor *Date*
at STEVENSON SKAMANIA WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOTS 1 THRU 6 BLK 1 MELDAN ACRES 2ND ADD. BK A/P6 96

Skamania County Assessor

Date 12/10/24 Parcel# 03073644090000

Assessor's Property Tax Parcel/Account Number: 0307 3644 09 0000 *gm*
(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 : 12/10/2024

MICHAEL J. MCHUGH

Affiant's full name

509.774.7139

Telephone number

100 HOMEWARD AVE NW

STEVENSON WASHINGTON 98648
City State Zip Code

Michael J McHugh 12/10/2024
Signature Date

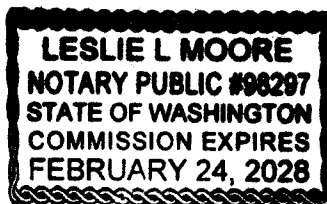
State of Washington County of SKamania

I know or have satisfactory evidence that Michael J McHugh
(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: 12/10/2024

(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: 02/24/2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-053972

DATE ISSUED: 11/07/2024
FEE NUMBER: 191048706

FIRST AND MIDDLE NAME(S): LINDA JO
LAST NAME(S): HUNTER

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: NOVEMBER 04, 2024
HOUR OF DEATH: 09:45 AM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: OCTOBER 01, 1947
BIRTHPLACE: NILES CITY, MI

MARITAL STATUS: DOMESTIC PARTNER
SURVIVING SPOUSE: MICHAEL MCHUGH

OCCUPATION: AUTHOR
INDUSTRY: WRITING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: MICHAEL MCHUGH
RELATIONSHIP: SPOUSE
ADDRESS: 160 HOMEWARD AVE, STEVENSON, WASHINGTON 98648

CAUSE OF DEATH:

- A: MALIGNANT NEOPLASM OF RIGHT BREAST IN FEMALE, PRIMARY LOCATION, UNKNOWN PATHOLOGY
INTERVAL: WEEKS TO MONTHS
B: METASTASES TO BILATERAL LUNG
INTERVAL: WEEKS TO MONTHS
C: METASTASES TO LIVER
INTERVAL: WEEKS TO MONTHS
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: 160 HOMEWARD AVE
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 160 HOMEWARD AVE
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER: EARL LOUIS STEVENS
MOTHER: NORMA JEAN YODER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: NOVEMBER 06, 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: BRANDI L. O'BRIEN, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 6410 NE HALSEY ST
CITY, STATE, ZIP: PORTLAND, OREGON 97213
DATE SIGNED: NOVEMBER 05, 2024

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

LOCAL DEPUTY REGISTRAR: GERRI WEBER
DATE RECEIVED: NOVEMBER 06, 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
-------------------	------------	----------	------	------------------

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:	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

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

NOV 07 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.

06170724