



Return Address:

321 Upper Lakeview Rd.
White Salmon WA
98672

Skamania County
Real Estate Excise Tax

N/A
DEC 16 2024

PAID

N/A
Skamania County Treasurer
M. Monaghan Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Atsuko Bursett, 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 Maurice Bernhard Bursett Jr, who died on December 10
Decedent/Grantor Date

at White Salmon Klickitat WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Sec. 19 T3N; R10E. W.M

See attached Exhibit A for full legal.

Assessor's Property Tax Parcel/Account Number: 03101900110000
(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 : December 16th 2024

Atsuko Bursett

Affiant's full name

541 490 0509

Telephone number

321 Upper Lakeview Rd.

White Salmon WA 98672
City State Zip Code

Atsuko Bursett 12/16/2024
Signature Date

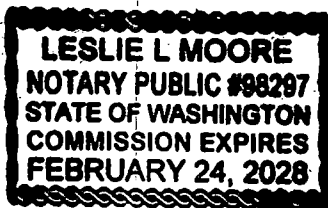
State of Washington County of Skamania

I know or have satisfactory evidence that Atsuko Bursett
(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: 12/16/2024

(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: 2/24/2028

Andrew Maurice Bursett 53 Son; 11 Bonnie Lane

White Salmon WA 98672

Full name, age, relationship, address

Jeffrey Murayama Bursett 50 Son; 3664 Holly Dr.

Hood River OR 97031

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

EXHIBIT A

A Tract of land in the Southwest Quarter of the Southeast Quarter of Section 19, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, more particularly described as follows:

Beginning at the Southeast corner of said Section 19; thence South 89 degrees 09' West along the center line of the Cooks-underwood Road 1331.28 feet; thence North 65 degrees 39' West 91.61 feet; thence North 43 degrees 05' West along the center line of said road 769.78 feet which point is the initial point of described tract and which is North 629.84 feet and West 1986.79 feet from the said Section corner; thence South 7 degrees 19' 37" West 400.00 feet, more or less, to the Easterly boundary of a tract of land conveyed to Orval H. and Nellie E. Bevans by deed recorded at Page 341 of Book 52 of Deeds, Records of Skamania County, Washington; thence North 34 degrees 01' West to the center line of the Cooks-Underwood Road; thence Easterly along the center line of said road 470.00 feet, more or less, to the Initial Point.

Skamania County Assessor *one*

Date 12/16/24 Parcel# 03101900110000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-061517

LOCAL FILE NUMBER: 23-159

DATE ISSUED: 12/18/2023

FEE NUMBER: 173609034

FIRST AND MIDDLE NAME(S): MAURICE BERNHERD

LAST NAME(S): BURSETT JR

COUNTY OF DEATH: KLIKITAT

DATE OF DEATH: DECEMBER 10, 2023

HOUR OF DEATH: 01:00 AM

SEX: MALE

AGE: 96 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: APRIL 20, 1927

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ATSUKO BURSETT

OCCUPATION: MUSIC TEACHER

INDUSTRY: EDUCATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: ATSUKO BURSETT

RELATIONSHIP: WIFE

ADDRESS: 321 UPPER LAKEVIEW RD., WHITE SALMON, WA 98672

CAUSE OF DEATH:

A: RESPIRATORY ARREST

INTERVAL: IMMEDIATE

B: SEVERE SEPSIS

INTERVAL: 1 WEEK

C: HEALTHCARE ASSOCIATED PNEUMONIA

INTERVAL: 1 WEEK

D: COVID19

INTERVAL: 2 WEEKS

OTHER CONDITIONS CONTRIBUTING TO DEATH: TERMINAL LUNG CANCER,
SEVERE MITRAL VALVE REGURGITATION

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: HOSPITAL

FACILITY OR ADDRESS: SKYLINE HOSPITAL

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

RESIDENCE STREET: 321 UPPER LAKEVIEW ROAD

CITY, STATE, ZIP: WHITE SALMON, WA 98672

INSIDE CITY LIMITS: NO

COUNTY: KLIKITAT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: MAURICE BERNHERD BURSETT

MOTHER: BERYL OOLAITIA SHULER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON

DISPOSITION DATE: DECEMBER 18, 2023

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: VICTORIA LARA

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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: MATTHEW D. SWANSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 211 SKYLINE DR

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

DATE SIGNED: DECEMBER 15, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MATTHEW SWANSON, PHYSICIAN

LOCAL DEPUTY REGISTRAR: EVA L. RAMIREZ

DATE RECEIVED: DECEMBER 18, 2023

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 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 2nd 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.

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.

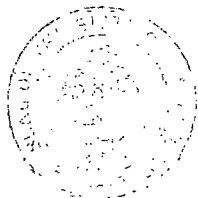
*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

Death Certificates

- 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

DEC 18 2023

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

