



Return Address:

Carlene M. White
36018 NE Washougal River Rd
Washougal, WA 98671

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Carlene M White, 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 Kenneth C. White
Decedent/Grantor

, who died on 6/11/22
Date

at VANNOVER
City

CLATSOP
County

WA
State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

SW QTR of the SW QTR SEC 30 TNSP 2N R5E

Skamania County

Real Estate Excise Tax

N/A
FEB 26 2025

PAID

N/A
Skamania County Treasurer

Assessor's Property Tax Parcel/Account Number: 02053000170000
(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)

Dated: 2/26/25

Carlene M White

Affiant's full name

360-835-3886

Telephone number

36018 NE Washougal River Rd

Washougal
City

WA
Street
State

98671
Zip Code

Carlene M White
Signature

2/26/25
Date

State of Washington County of Skamania

I know or have satisfactory evidence that Carlene M White
(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: 02/26/2025

(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

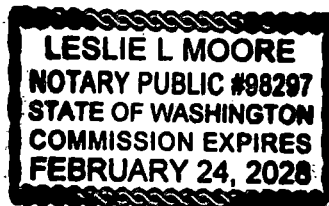


Exhibit A

the following described real estate, situated in the County of SKAMANIA, State of Washington:

THAT PART of the SOUTHWEST QUARTER of the Southwest quarter
LYING SOUTH of the COUNTY ROAD in SECTION 30 in TOWNSHIP 2
NORTH, RANGE 5 EAST OF WILLAMETTE MERIDIAN.

Skamania County Assessor

Date 2/26/25 Parcel# 02053000170000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-031834

DATE ISSUED: 06/28/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KENNETH CHARLES

LAST NAME(S): WHITE

COUNTY OF DEATH: CLARK

DATE OF DEATH: JUNE 11, 2022

HOUR OF DEATH: 10:35 AM

SEX: MALE

AGE: 74 YEARS

SOCIAL SECURITY NUMBER

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: LEGACY AT SALMON CREEK

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98686

RESIDENCE STREET: 36018 NE WASHOUGAL RIVER ROAD

CITY, STATE, ZIP: VANCOUVER, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 56 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 09, 1947

BIRTHPLACE: VANCOUVER, WA

FATHER: CHARLES FRANKLIN WHITE

MOTHER: FRANCES LAVINA MILLARD

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CARLENE MARIE SHORT

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

OCCUPATION: SELF EMPLOYED

INDUSTRY: AUTOMOTIVE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: JUNE 23, 2022

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

INFORMANT: CARLENE MARIE WHITE

RELATIONSHIP: SPOUSE

ADDRESS: 36018 NE WASHOUGAL RIVER ROAD WASHOUGAL, WA 98671

ADDRESS: 605 E. BARNES STREET SUITE 206

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: NICHOLAS R. BROWN

CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE

INTERVAL: DAYS

B: METASTATIC SMALL CELL CARCINOMA OF THE LUNG

INTERVAL: UNKNOWN

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LIVER METASTASIS, ANEMIA,
THROMBOCYTOPENIA, DUODENAL ARTERIOVENOUS MALFORMATIONS,
CHRONIC KIDNEY DISEASE, PERIPHERAL ARTERY DISEASE

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: SHIV S. MOHINI, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 700 NE 87TH AVENUE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

DATE SIGNED: JUNE 15, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATIE GRAUE

DATE RECEIVED: JUNE 23, 2022

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 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.

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.

