

Skamania County, WA  
Total: \$306.50  
ALP  
Pgs=4

2025-000312

03/03/2025 02:28 PM

Request of: JUDY STANDRIDGE



Return Address:

Judy Standridge  
132 N.E. Shepard Ave  
Stevenson Wa 98648

Skamania County  
Real Estate Excise Tax

N/A  
MAR 03 2025

PAID

N/A

Skamania County Treasurer  
M. Monaghan-Repts

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Judy Kay Standridge, 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 CJ Standridge, who died on 12-24-24  
Decedent/Grantor Date

at Stevenson Skamania Wa.  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

**Abbreviated Legal Description:**

Sec 36 T 3 N R 7 1/2 E W M  
Lot 5 4-5 BLK 1 2nd Addn to Hill Crest Bk 1  
Lot 5 3 BLK 1 2nd Addn to Hill Crest Bk 1 PG 100  
PG 100

Skamania County Assessor

Date 3/3/25 Parcel# 3-75-36-2-3-700  
3-75-36-2-3-701

Assessor's Property Tax Parcel/Account Number: 03753623070100  
(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: March 3 2025

Judy Kay Standridge

Affiant's full name

541-760-2672

Telephone number

132 N.E. Shepard Ave

Stevenson Ca. 98648  
City State Zip Code

Judy K Standridge 3-3-25  
Signature Date

State of Washington County of Skamania

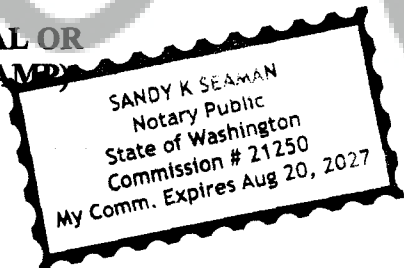
I know or have satisfactory evidence that Judy K Standridge  
(name of person)

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: 3 / 3 / 2025

Sandy K Seaman  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Skamania County

Notary Public in and for the State of Washington

My appointment expires: 8/20/2027

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-063626

DATE ISSUED: 12/31/2024

FEE NUMBER: 193608246

FIRST AND MIDDLE NAME(S): CJ  
LAST NAME(S): STANDRIDGE

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: DECEMBER 24, 2024  
HOUR OF DEATH: 08:40 AM

SEX: MALE AGE: 81 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 22, 1943  
BIRTHPLACE: WILMOT, AR

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JUDY STANDRIDGE

OCCUPATION: DRIVER - TRUCK  
INDUSTRY: TRANSPORTATION - TRUCKING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: JUDY STANDRIDGE  
RELATIONSHIP: SPOUSE  
ADDRESS: 132 NE SHEPERD AVE, STEVENSON, WASHINGTON 98648

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC ANTI COAGULATION,  
FAILURE TO THRIVE, TYPE 2 DIABETES, CHRONIC LOW BACK PAIN,  
PACEMAKER

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: 132 NE SHEPERD AVE  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 132 NE SHEPERD AVE  
CITY, STATE, ZIP: STEVENSON, WA 98648  
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: RT STANDRIDGE  
MOTHER: MARY LUCILLE STANDRIDGE

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

CITY, STATE: HOOD RIVER, OREGON  
DISPOSITION DATE: DECEMBER 31, 2024

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 156 NE CHURCH AVE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: ADDISON J. REDMOND

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JORDAN NAGLE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 407 PORTWAY AVE STE 201  
CITY, STATE, ZIP: HOOD RIVER, OREGON 97031  
DATE SIGNED: DECEMBER 24, 2024

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

LOCAL DEPUTY REGISTRAR: LISA MITCHELL  
DATE RECEIVED: DECEMBER 31, 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 |
|-------------------|------------|----------|------|------------------|

|                 |  |  |   |  |  |
|-----------------|--|--|---|--|--|
| <b>Required</b> | <b>Required information must match current information on record</b>   |  |   |  |  |
|                 | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)  |  |   |  |  |
|                 | 1. Name on Record:<br>First Middle Last  |  | 2. Date of Event:<br>MM/DD/YYYY   | 3. Place of Event:<br>(City or County) |  |
|                 | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden  |  | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>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<br>Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____ |  |   |  |  |

|   |  |                |  |
|---|--|----------------|--|
| 7. Return Mailing Address:<br>PO Box or Street Address City State Zip |  |                |  |
| Telephone Number:<br>( )  |  | 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 <sup>nd</sup> parent (if required): |       |
| Printed name:   | Date: | Printed name:   | Date: |

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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 31 2024

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

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