



Return Address:

June M. Knudson POB 312

Stevenson, WA

98648

Skamania County
Real Estate Excise Tax

N/A

APR 15 2025

PAID

N/A

Skamania County Treasurer
[Signature]

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee June M. Knudson, 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 Marvin D. Knudson, who died on 9.3.23
Decedent/Grantor *Date*

at Stevenson Skamania WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lots 45 & 46 Hill Top Manor
BK A / PG 110

Assessor's Property Tax Parcel/Account Number: 03753632200000
(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)

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

Lots 45 and 46; HILLTOP MANOR, according to the Amended Plat thereof recorded in Book A of Plats, Page 110, in the County of Skamania, State of Washington.

SPECIAL EXCEPTIONS:

- 1 The Rights of the Public in roads and highways
- 2 Right of Way Easement for Utilities, including the terms and provisions thereof, in favor of Public Utility District No. 1 for Skamania County, recorded March 6, 1962, Book 49, Page 414, Auditor's File No. 59587, Skamania County Deed Records.

Skamania County Assessor

Date 4/15/25 Parcel# 3-75-36-3-2-2000

Dated: 4.15.25

June M. Knudson

Affiant's full name

541. 760. 6050

Telephone number

6552 Loop Rd

Stevenson

Street
WA

98648

City

State

Zip Code

June M. Knudson
Signature

4.15.25
Date

State of Washington County of Skamania

I know or have satisfactory evidence that June M. Knudson
(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: 04/15/2025

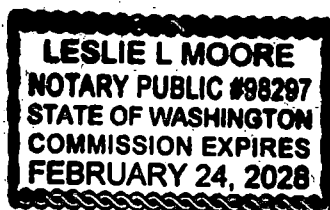
(SEAL OR
STAMP)

Leslie L Moore
Signature of Notary Public

Residing at: Carson, WA

Notary Public in and for the State of Washington

My appointment expires: 04/1/2028



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-044384

DATE ISSUED: 09/19/2023

FEE NUMBER: 169073695

FIRST AND MIDDLE NAME(S): MARVIN DOUGLAS
LAST NAME(S): KNUDSON

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: SEPTEMBER 03, 2023
HOUR OF DEATH: 01:28 PM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MARCH 15, 1945
BIRTHPLACE: HETTINGER, ND

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JUNE MARLENE SCHEIE

OCCUPATION: BOOKKEEPER
INDUSTRY: BOOKKEEPING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: JUNE MARLENE KNUDSON
RELATIONSHIP: SPOUSE
ADDRESS: 6552 LOOP ROAD, STEVENSON, WA 98648

CAUSE OF DEATH:
A: SQUAMOUS CELL CARCINOMA OF THE TONGUE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF
ADENOCARCINOMA OF THE RECTUM WITH RESECTION, BASAL CELL
CARCINOMA

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: 6552 LOOP ROAD
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 6552 LOOP ROAD
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: LAWRENCE M STOKES
MOTHER: EVELYN G KNUDSON

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

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: SEPTEMBER 13, 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: 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

CERTIFIER NAME: KIRSTEN CARR, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 12625 4TH AVE W SUITE 203
CITY, STATE, ZIP: EVERETT, WASHINGTON 98204
DATE SIGNED: SEPTEMBER 11, 2023

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: SEPTEMBER 13, 2023

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.

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.

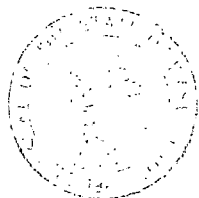
*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

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

SEP 19 2023

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

