



Return Address:

Kathleen Osborn
PO Box 868
Carson, WA 98610

Skamania County
Real Estate Excise Tax

N/A
AUG 05 2025

PAID N/A
ksa Skamania County Treasurer
Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Kathleen M. Osborn 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 Carl R. Hussey, who died on 5/10/17
Decedent/Grantor Date

at Carson Skamania Wa.
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 3 BLK 1 Evergreen Acres
52 Evergreen St. Carson, Wa. 98610
According to the official plat thereof on
and this file and of record at page
142 of book A of Plats, records of
Skamania Co. Wa.

Assessor's Property Tax Parcel/Account Number: 03082120320000
(Attach full legal description of the property)

Skamania County Assessor

☒ Decedent left no Last Will and Testament.

Date 8/5/25 Parcel# 03082120320000

☐ 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 : 8-1-25

Kathleen m. Osborn

Affiant's full name

509-427-4199

Telephone number

52 Evergreen Street

Carson Wa. 98610

City

State

Zip Code

Kathleen m Osborn 8-1-25

Signature

Date

State of Washington County of Skamania

I know or have satisfactory evidence that Kathleen m Osborn

(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: 8 / 1 / 25

Rj
Signature of Notary Public

(SEAL OR
STAMP)

NOTARY PUBLIC
STATE OF WASHINGTON
REANNON JONES
MY COMMISSION EXPIRES
JULY 05, 2028
COMMISSION # 24022128

Residing at: Stevensm

Notary Public in and for the State of Washington

My appointment expires: 07 / 05 / 2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-021368

DATE ISSUED: 05/11/2017

FEE NUMBER: 32325

FIRST AND MIDDLE NAME(S): CARL ROY

LAST NAME(S): HUSSEY

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: MAY 10, 2017

HOUR OF DEATH: 03:01 AM

SEX: MALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 24, 1947

BIRTHPLACE: TILLAMOOK, OREGON

MARITAL STATUS: MARRIED

SPOUSE: KATHLEEN MARIE KLEIN

OCCUPATION: FOREMAN

INDUSTRY: PLYWOOD MILLS

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: KATHLEEN HUSSEY

RELATIONSHIP: SPOUSE

ADDRESS: PO BOX 868, CARSON, WA 98610

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: 6 MONTHS

B: PROSTHETIC AORTIC STENOSIS

INTERVAL: 1.5 YEARS

C: AORTIC STENOSIS

INTERVAL: 5 YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: END STAGE RENAL DISEASE;
ADULT POLYCYSTIC KIDNEY DISEASE, PULMONARY HYPERTENSION, MITRAL
STENOSIS, HYPERTENSION, CHRONIC GASTROINTESTINAL BLEEDING

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 52 EVERGREEN

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 52 EVERGREEN

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

INSIDE CITY LIMITS: NO COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: GORDON ROY HUSSEY

MOTHER/PARENT: DORIS JANET THAYER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: MAY 11, 2017

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: DEREK F. KRENTZ

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: R. ALLEN LABERGE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 212 SKYLINE DRIVE

CITY, STATE, ZIP: WHITE SALMON, WA 98672

DATE SIGNED: MAY 11, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AMANDA E. HERTEL

DATE RECEIVED: MAY 11, 2017



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 Legal 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
7. Return Mailing Address: P.O. 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:
Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

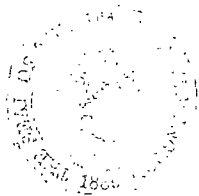
Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

MAY 11 2017

Christopher Spitters, M.D.
Klickitat County Health Department



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