



Return Address:

Anthony Hull
1742 Wind River
Carson, WA 98610

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Anthony L. Hull, 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 Husband
Relationship to decedent

of Debra Ann Hull, who died on 6/27/25
Decedent/Grantor *Date*

at Carson Skamania WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: See Attached Exhibit A

Skamania County
Real Estate Excise Tax
N/A
AUG 20 2025

PAID

N/A
Skamania County Treasurer

Assessor's Property Tax Parcel/Account Number: 03082041020000
(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: 8/20/25

Anthony Leo Hull

Affiant's full name

503 680 7317

Telephone number

1742 Wind River Hwy

CARSON Street WA Zip Code 98610

City

State

Zip Code

Anthony L Hull

8/20/25

Signature

Date

State of Washington County of Skamania

I know or have satisfactory evidence that Anthony L Hull
(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: 8/20/25

(SEAL OR
STAMP)


Signature of Notary Public

Residing at: Carson, WA

Notary Public in and for the State of WA

My appointment expires: 8/24/27

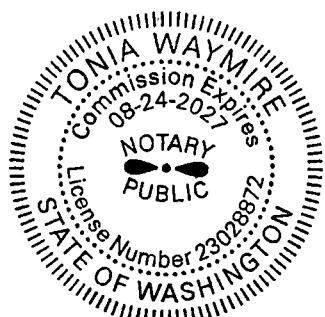


Exhibit A

Lot 1, CARSON VALLEY SHORT PLAT NO. 1, according to the Plat thereof, recorded in Book 3, Page 172, Skamania County Short Plat Records, being a portion of the Southeast Quarter of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian;

ALSO that portion of Lot 1 of the Carson Valley Short Plat No. 2, according to the Plat thereof, recorded in Book 3, Page 173, Skamania County Short Plat Records, described as follows:

Beginning at the Southwest corner of said Lot 1; thence East 199.45 feet to the Southeast corner thereof; thence North along the East line of said lot, a distance of 70.03 feet; thence South $78^{\circ} 33' 18''$ West 204.09 feet to a point on the West line of said lot which is 26.97 feet to the Point of Beginning, being a portion of the Northeast Quarter of Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian.

Skamania County Assessor *OM*

Date 8/20/15 Parcel# 03082041020000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-032486

DATE ISSUED: 07/02/2025

FEES NUMBER:

FIRST AND MIDDLE NAME(S): DEBRA ANN
LAST NAME(S): HULL

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JUNE 27, 2025
HOUR OF DEATH: 11:45 PM
SEX: FEMALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: OCTOBER 15, 1958
BIRTHPLACE: FAIRBANKS, AK

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ANTHONY LEO HULL

OCCUPATION: SCHOOL BUS DRIVER
INDUSTRY: TRANSPORTATION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: ANTHONY LEO HULL
RELATIONSHIP: HUSBAND
ADDRESS: 1742 WIND RIVER HIGHWAY CARSON, WA 98610

CAUSE OF DEATH:
A: ADENOCARCINOMA OF LEFT LUNG, STAGE 4, PRIMARY LOCATION
INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASES TO BONE,
ADRENAL GLANDS, BRAIN, RIGHT LUNG AND LYMPH NODES

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: 1742 WIND RIVER HWY
CITY, STATE, ZIP: CARSON, WASHINGTON 98610-3329

RESIDENCE STREET: 1742 WIND RIVER HWY
CITY, STATE, ZIP: CARSON, WA 98610-3329
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: KENNETH G FORBES
MOTHER: LAVADA GAYLENE CRUME

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORIUM

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: JULY 01, 2025

FUNERAL FACILITY: BROWN'S FUNERAL HOME INC

ADDRESS: 410 NE GARFIELD STREET
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607
FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: BRANDI L. O'BRIEN, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 6410 NE HALSEY ST

CITY, STATE, ZIP: PORTLAND, OREGON 97213

DATE SIGNED: JUNE 30, 2025

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA MITCHELL

DATE RECEIVED: JULY 01, 2025

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
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: Person on Record: <input type="checkbox"/> Parent(s)		Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital	<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 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

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. Proof documentation must be five or more years old or established within five years of birth.
4. 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 Acknowledgement 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.

*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

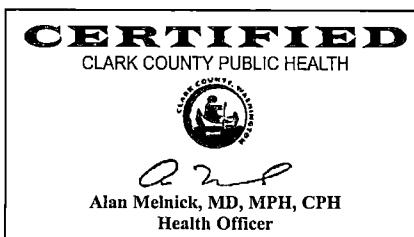
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
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 proof documentation.
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.



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



0 7 6 7 4 5 3 3