



Return Address:

Irene C. Ward  
PO Box 596  
Carson, WA 98610

Skamania County  
Real Estate Excise Tax

N/A  
SEP 02 2025

PAID N/A  
W. Thomas Skamania County Treasurer

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Irene C. Ward, 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 Surviving spouse  
*Relationship to decedent*

of Norman G. Ward, who died on June 19, 2023  
*Decedent/Grantor Date*

at Carson Skamania WA  
*City County State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Township 3 North, Range 8 East, Section 19

Township 3 North, Range 8 East, Section 27

See Exhibit A and Exhibit B

Assessor's Property Tax Parcel/Account Number: 03081944020000  
(Attach full legal description of the property) 03081944020005  
03082740150000 *gm*

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: Sept 2, 2025

Irene C. Ward

Affiant's full name

509-427-4733

Telephone number

1022 Carson Creek Road

Carson WA 98610  
City State Zip Code

Irene C. Ward Sept 2, 2025  
Signature Date

State of Washington County of Skamania

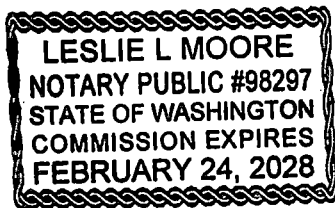
I know or have satisfactory evidence that Irene C Ward  
(name of person)

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: 9/2/2025

Leslie L Moore  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 2/24/2028

Exhibit A

Parcel Number 03081944020000

All that portion of the Southeast Quarter of the Southeast Quarter of the Southeast Quarter of Section 19, Township 3 North, Range 8 East, of the Willamette Meridian, in the County of Skamania, State of Washington, lying Northeasterly of the center of a certain creek, said tract more particularly described in deed dated March 31, 1925, recorded January 6, 1926, in Book U of Deed, Page 506, records of Skamania County, Washington, and the Northeast Quarter of the Southeast Quarter of the Southeast Quarter of Section 19, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPT that portion thereof lying Northeasterly of the center line of a public road known as the Forest Service Road.

By \_\_\_\_\_ ✓  
Notary Public ✓  
\_\_\_\_\_ ✓  
\_\_\_\_\_ ✓  
\_\_\_\_\_ ✓

2-4-4-0200-00

Unofficial Copy

Exhibit B

Parcel 03082740150000

Parcel I

A tract of land in the Southeast Quarter of the Southeast Quarter of Section 27, Township 3 North Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southeast corner of the said Section 27; thence West along the South line of the said Section 27 with an assumed bearing of due West, a distance of 810 feet; thence due North 69.15 feet to an iron pipe driven in the ground and the initial point of the tract hereby described; thence North 66 degrees 01' West 58.1 feet; thence North 15 degrees 26' East 50.2 feet; thence South 23 degrees 59' East 61.2 feet; thence South 66 degrees 01' East 100 feet; thence South 23 degrees 59' West 100 feet to the initial point.

Parcel II

A tract of land in the Southeast Quarter of the Southeast Quarter of Section 27, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, Described as follows:

Commencing at the Southeast corner of Said Section 27; thence along the South line of said Section 27 with an assumed bearing of due West a distance of 810 feet; thence due North a distance of 69.15 feet to an iron pipe driven in the ground; thence North 66 degrees 01' West along the South line of that tract conveyed to Pearl Rampley Clay in Book 42, Page 367, Skamania County Records, a distance of 68.1 feet to a 3/8 inch iron rebar, said point being the True point of beginning; thence North 15 degrees 26' West along the Westerly line of said Clay tract a distance of 50.2 feet; thence North 23 degrees 59' East along the Westerly line of said Clay tract a distance of 61.2 feet to the most Northerly corner therein; thence North 66 degrees 09' 52" West a distance of 24.65 feet to a 3/8 inch iron rebar; thence South 03 degrees 40' 20" West a distance of 80.36 feet to a similar iron rebar; thence Southeasterly to the true point of beginning.

Skamania County Assessor *DW*

Date 9/2/25 Parcel# 03081944020000  
03081944020005  
03082740150000

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-031131

DATE ISSUED: 06/24/2025  
FEE NUMBER: 204199493

FIRST AND MIDDLE NAME(S): NORMAN GENE  
LAST NAME(S): WARD

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: JUNE 19, 2025  
HOUR OF DEATH: 01:07 PM  
SEX: MALE AGE: 71 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1022 CARSON CREEK ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

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

RESIDENCE STREET: 1022 CARSON CREEK ROAD  
CITY, STATE, ZIP: CARSON, WA 98610  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 37 YEARS

BIRTH DATE: AUGUST 24, 1953  
BIRTHPLACE: PORTSMOUTH, NH

FATHER: PHILIP ELLSWORTH WARD JR  
MOTHER: RUTH ANN PEARSON

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: IRENE LOCKE

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

OCCUPATION: FOREST SERVICE  
INDUSTRY: GOVERNMENT  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: HOOD RIVER, OREGON  
DISPOSITION DATE: JUNE 23, 2025

INFORMANT: IRENE WARD  
RELATIONSHIP: SPOUSE  
ADDRESS: 1022 CARSON CREEK ROAD, CARSON, WASHINGTON 98610

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 156 NE CHURCH AVE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: JOHN H. TRUMBULL

CAUSE OF DEATH:

- A: PROSTATE ADENOCARCINOMA, PRIMARY LOCATION  
INTERVAL: YEARS
- B: INTERVAL:
- C: INTERVAL:
- D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTASES TO BONE AND LYMPH NODES, HISTORY OF CEREBROVASCULAR ACCIDENT

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: NOT APPLICABLE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: BRANDI L. O'BRIEN, ARNP  
TITLE: ARNP  
CERTIFIER ADDRESS: 6410 NE HALSEY ST  
CITY, STATE, ZIP: PORTLAND, OREGON 97213  
DATE SIGNED: JUNE 21, 2025

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GERRI WEBER  
DATE RECEIVED: JUNE 23, 2025

# 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 information must match current information on record

<b>Required</b>	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 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:  
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 <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

JUN 24 2025

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



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



0 7 4 1 7 0 7 6