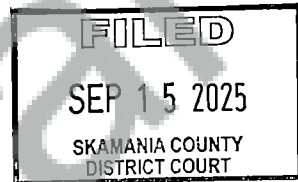




RETURN ADDRESS:

SKAMANIA COUNTY DISTRICT COURT
240 VANCOUVER AVE.
P.O. BOX 790
STEVENSON, WASHINGTON 98648



PLEASE PRINT OR TYPE INFORMATION:

Document Title(s) or transactions contained therein: 1. Case # <u> N25-00019 </u> , ORDER CHANGING NAME
GRANTOR(S), LAST NAME, FIRST NAME AND INITIALS. 1. OLD NAME, <u> SHEWEY, AIDEN JACOB </u>
GRANTEE(S), LAST NAME, FIRST NAME AND INITIALS. 1. NEW NAME, <u> FROST, AIDEN JACOB </u>

District Court of Washington
For Skamania

No. N25-00019

In the Matter of the Change of Name of:

ORDER CHANGING NAME
(Minor)

Aiden Jacob Shewey
(Legally Print or Type the Minors Full Name Here)

Petitioner

By: DeLicia Frost
Parent or Legal Guardian

I. BASIS

A verified Petition was filed with the Court by a parent of guardian of the above-named minor child requesting that the name of:

First: Aiden Middle: Jacob Last: Shewey

TO:
First: Aiden Middle: Jacob Last: Frost

II. FINDINGS

Based on the case record to date and the testimony at the hearing, if any, the Court finds:

- The Statements in the petition are true.
- The Request to change names is not made for any illegal or fraudulent purpose.
- The change of name will not be detrimental to the interests of any other person.
- The request to change names should be granted.
- Other: _____

III. ORDER

It is hereby ordered that the name:

First: AIDEN Middle: JACOB Last: SHEWEY

Is changed to:

First: AIDEN Middle: JACOB Last: FROST

For all purposes.

Dated: 9/15/25

Judge: TJR

