



Return Address:

Sandra J. Sitzman
71 Brenner Rd
Carson, Wa 98610

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sandra J. Sitzman 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 Stephen J. Sitzman, who died on Sept 4, 2025
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
OCT 16 2025

PAID N/A
Skamania County Treasurer
M. Monaghan

Assessor's Property Tax Parcel/Account Number: 03080830020000
(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: 10-9-25

509-427-2733

Affiant's full name

Sandra J. Sitzman

Telephone number

71 Brenner Rd

Carson

Street

Wa

98610

City

State

Zip Code

Sandra J. Sitzman
Signature

10-9-25

Date

State of Washington County of Skamania

I know or have satisfactory evidence that

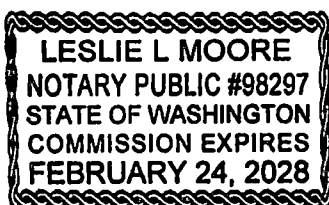
Sandra J Sitzman
(name of person)

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: 10/9/2025

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

LEGAL DESCRIPTION

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

Beginning at the intersection of the North line of Government Lot 4 of said Section 8, with the easterly right of way line of the Wind River Highway as more particularly described in deed recorded in Book 42, Page 352; thence North 40 degrees 02 1/2' West 200 feet along said easterly right of way line to the initial point of the tract hereby described; thence North 36 degrees 15' East 123 feet; thence North 53 degrees 17' East 128 feet, more or less, to intersection with the Southwesterly line of a tract of land conveyed to Ernest Nail and Georgia Nail, husband and wife, by deed recorded in Book 42, Page 311; thence along the Southwesterly line of the said Nail tract North 42 degrees 38' West to the intersection with the West line of the said Section 8; thence South along said West line to the intersection with the Easterly right of way line of said Wind River Highway; thence South 40 degrees 02 1/2' East along said Easterly right of way line to the initial point.

Skamania County Assessor *ON*

Date 10/16/25 Parcel# 03080830020000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-044989

DATE ISSUED: 09/12/2025
FEE NUMBER: 208501408

FIRST AND MIDDLE NAME(S): STEPHEN JEFFREY
LAST NAME(S): SITZMAN

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: SEPTEMBER 04, 2025
HOUR OF DEATH: 06:05 AM
SEX: MALE AGE: 63 YEARS

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 71 BRENNER RD
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

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

RESIDENCE STREET: 71 BRENNER RD
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

BIRTH DATE: MAY 15, 1962
BIRTHPLACE: PRINEVILLE, OREGON

FATHER: CARL SITZMAN
MOTHER: MARTHA MARIE LEACH

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SANDRA SEAGER

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

OCCUPATION: HEAVY EQUIPMENT OPERATOR
INDUSTRY: LOGGING
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: SEPTEMBER 11, 2025

INFORMANT: SANDRA SITZMAN
RELATIONSHIP: WIFE
ADDRESS: 71 BRENNER RD, CARSON, WA 98610

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 156 NE CHURCH AVE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: ADDISON J. REDMOND

LOCAL DEPUTY REGISTRAR: GERRI WEBER
DATE RECEIVED: SEPTEMBER 11, 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
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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 12 2025

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



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