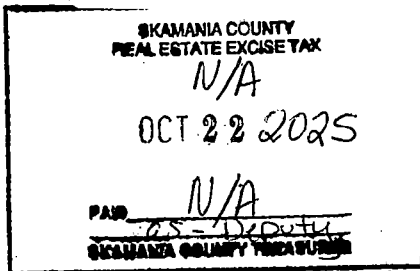




Return Address:
PATRICIA HUTTON
P.O. Box 663
CARSON, WA 98610



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee PATRICIA A. HUTTON 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 BOLLIE M. HUTTON, who died on 9/27/2025
Decedent/Grantor *Date*
at Vancouver Clark WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 1 of the Combelle s/p# 2019001473

Skamania County Assessor

Date: 10/22/25 Parcel# 3-8-29-1-5202
(Signature)

Assessor's Property Tax Parcel/Account Number: 03082911520200 *(Signature)*
(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)

PATRICIA A HUTTON 85yrs Wife
PO Box 663 CARSON WA 98610
Full name, age, relationship, address

Candice Marie Combelle 66yrs Step Daughter
PO Box 1193 Carson, WA 98610
Full name, age, relationship, address

James Bruce Combelle 65yrs. Step Son
PO Box 237 Carson, WA 98610
Full name, age, relationship, address

Myron Allen Combelle 64yrs Step Son
622 Blue Jay Way Davenport, FL 33896
Full name, age, relationship, address

Donald Brian Hutton 64 yrs Son
PO Box 31522 Seattle, WA 98103
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 10/22/25

PATRICIA A. HUTTON

Affiant's full name

537 509-949-4696

Telephone number

52 Columbia Dr

CARSON ^{Street} WA 98610
City State Zip Code

Patricia A. Hutton 10/22/25
Signature Date

State of Washington County of Skamania

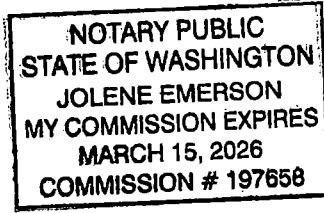
I know or have satisfactory evidence that Patricia Hutton
(name of person)

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: 10/22/25

Jolene Emerson
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Stevenson

Notary Public in and for the State of Washington

My appointment expires: 3/15/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-048924

DATE ISSUED: 10/07/2025
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROLLIE M
LAST NAME(S): HUTTON

COUNTY OF DEATH: CLARK
DATE OF DEATH: SEPTEMBER 27, 2025
HOUR OF DEATH: 06:10 PM
SEX: MALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JULY 20, 1937
BIRTHPLACE: BIRD CITY, KANSAS

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PATRICIA A SEEHAFFER

OCCUPATION: BANKER
INDUSTRY: FINANCE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: PATRICIA A HUTTON
RELATIONSHIP: WIFE
ADDRESS: 52 COLUMBIA DRIVE CARSON, WA 98610

CAUSE OF DEATH:
A: ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: 30 MINUTES
B: BILATERAL LARGE SADDLE PULMONARY EMBOLI
INTERVAL: 2 DAYS

C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROSTATE CANCER, SEVERE
ALZHEIMERS DEMENTIA, CORONARY ARTERY DISEASE, BENIGN PROSTATIC
HYPERPLASIA, HYPERLIPIDEMIA

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: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH SOUTHWEST MEDICAL CENTER
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 52 COLUMBIA DRIVE
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: MARVIN HUTTON
MOTHER: KATHRYN BAUMGARDNER

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

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: OCTOBER 06, 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: JAY KEITH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL.
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664
DATE SIGNED: OCTOBER 06, 2025

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 2025-3289
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ARIEL LORANCE
DATE RECEIVED: OCTOBER 06, 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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	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 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.

*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.

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.

Death Certificates

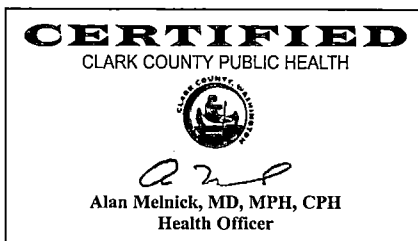
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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