

2025-001695

10/27/2025 04:09 PM

Return Address:

WAYNE MATHESON
P.O. Box 966
CARSON, WA 98610



00022686202500016950040044

Skamania County
Real Estate Excise Tax

N/A
OCT 27 2025

PAID N/A
KS4, Deputy Skamania County Treasurer

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wayne M MATHESON III, 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 Spouse/Husband
Relationship to decedent
of SUZAN MAY MATHESON, who died on April 26, 2022
Decedent/Grantor *Date*
at CARSON SKAMANIA Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 1 of Rosenbach's Corner, according to the
official Plat thereof, on file and of record in
Book B of Plats, at Page 40 in the County of
SKAMANIA, State of Washington.

Subject to:

1. Easement as shown on the recorded
Plat.

Date 10/27/25 Parcel# 3-8-21-2-2905
DW

Assessor's Property Tax Parcel/Account Number: 0308 2120 290500 DW
(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)

Dated : 10/27/2025

Wayne M. Matheson

Affiant's full name

(503) 927-1726

Telephone number

Wayne P.O. Box 966

CARSON WA 98610
City State Zip Code

Wayne M. Matheson, III 10/27/2025
Signature Date

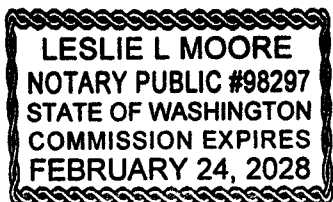
State of Washington County of Skamania

I know or have satisfactory evidence that Wayne M. Matheson
(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: 10/27/2025

(SEAL OR
STAMP)



Leslie L Moore
Signature of Notary Public

Residing at: Carson, WA

Notary Public in and for the State of Washington

My appointment expires: 02/24/2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-021724

DATE ISSUED: 04/28/2022
FEE NUMBER: 142782698

FIRST AND MIDDLE NAME(S): SUZAN MAY
LAST NAME(S): MATHESON

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: APRIL 26, 2022
HOUR OF DEATH: 10:40 AM
SEX: FEMALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: FEBRUARY 17, 1957
BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: WAYNE M MATHESON

OCCUPATION: ACCOUNTANT
INDUSTRY: HOSPITALITY
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: WAYNE MATHESON
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 966, CARSON, WA 98610

CAUSE OF DEATH:
A: NON-ALCOHOLIC STEATOHEPATITIS
INTERVAL: 9 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECURRENT PLEURAL
EFFUSION WITH HYPOXIA, HEPATIC CIRRHOSIS WITH ASCITES, HEPATIC
ENCEPHALOPATHY

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: 112 ROSENBACH
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 112 ROSENBACH
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: DONALD WEESE
MOTHER: MAXINE CUFF

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: APRIL 27, 2022

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: VICTORIA LARA

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: NO RESPONSE

CERTIFIER NAME: STEPHEN MCLENNON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2621 WASCO STREET
CITY, STATE, ZIP: HOOD RIVER, OREGON 97031
DATE SIGNED: APRIL 27, 2022

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: APRIL 27, 2022

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 information must match current information on record

Required	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: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: Date:
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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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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

APR 28 2022

Amy Person, M.D.
Klickitat County Health Department

Amy Person

