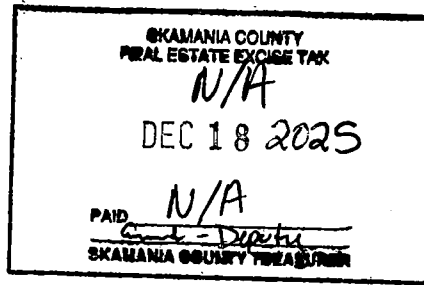




Return Address:

Darcy Ohnemus  
PO Box 731  
Carson, WA 98610



### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee <sup>30</sup> S. Douglas Ohnemus, 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 husband

of Elizabeth Ohnemus, who died on 2/4/2022  
*Decedent/Grantor* *Relationship to decedent* *Date*

at Carson Skamania WA  
*City* *County* *State*

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

SEE Exhibit "A"

Assessor's Property Tax Parcel/Account Number:  
(Attach full legal description of the property)

03082921280000

☒ 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: 12/13/25

S. Douglas Ohnemus

20

Affiant's full name

509-427-8586

Telephone number

12 Second St.

Carson

City

WA

Street

State

98610

Zip Code

Douglas Ohnemus

Signature

12/13/25

Date

State of Washington County of Skamania

I know or have satisfactory evidence that Douglas S Ohnemus  
(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: 12/15/2025

[Signature]

Signature of Notary Public

(SEAL OR  
STAMP)

STEFANIE PRATKA  
Notary Public  
State of Washington  
License Number 21019275  
My Commission Expires  
May 21, 2029

Residing at: Skamania County

Notary Public in and for the State of Washington

My appointment expires: 5/21/2029

EXHIBIT "A"

A tract of land in the Northwest Quarter of the Northeast Quarter (NW $\frac{1}{4}$ NE $\frac{1}{4}$ ) of Section 29, Township 3 North, Range 8 E.W.M., described as follows:

Beginning at the southeast corner of Lot 10 of Block Four of BOYD AND WILKINSON ADDITION to Carson, according to the official plat thereof on file and of record in the office of the auditor of Skamania County, Washington; thence east 200 feet; thence south 200 feet; thence west 200 feet; thence north 200 feet to the point of beginning; EXCEPT A right of way for relocation of County Road No. 2135 designated as the Wind River Road granted to Skamania County by deed dated June 24, 1968, and recorded at page 134 of Book 60 of Deeds, under Auditor's File No. 70740, records of Skamania County, Washington.

Skamania County Assessor *DM*

Date 12/18/25 Parcel# 03082921280000

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-012261

DATE ISSUED: 03/08/2022  
FEE NUMBER: 140123279

FIRST AND MIDDLE NAME(S): ELIZABETH ANN  
LAST NAME(S): OHNEMUS

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: FEBRUARY 24, 2022  
HOUR OF DEATH: 11:18 AM  
SEX: FEMALE AGE: 90 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JULY 06, 1931  
BIRTHPLACE: HOOD RIVER, OR

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: STANLEY DOUGLAS OHNEMUS

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: S D OHNEMUS  
RELATIONSHIP: SPOUSE  
ADDRESS: PO BOX 133, CARSON, WA 98610

CAUSE OF DEATH:  
A: DEMENTIA  
INTERVAL: 10 YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF CEREBRAL  
VASCULAR ACCIDENT, HISTORY OF COLON CANCER

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: 12 SECOND STREET  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 12 SECOND STREET  
CITY, STATE, ZIP: CARSON, WA 98610  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 47 YEARS

FATHER: JOHN F YOUNG  
MOTHER: MILDRED ELIZABETH MORBY

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

CITY, STATE: WHITE SALMON, WASHINGTON  
DISPOSITION DATE: MARCH 07, 2022

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

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: LIETTE WITHERRITE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 65371 HIGHWAY 14  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
DATE SIGNED: MARCH 01, 2022

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL  
DATE RECEIVED: MARCH 07, 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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<b>Required</b>	<b>Required information must match current information on record</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 Legal 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: P.O. Box or Street Address	City	State	Zip
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Telephone Number: ( )	Email Address:
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**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

**I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct**

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
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Printed name:	Date:	Printed name:	Date:
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### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### 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.
- Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

#### Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



# CERTIFIED

MAR 08 2022

Amy Person, M.D.  
Klickitat County Health Department

*Amy Person*



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