

Return Address:

Vicki Kaneshige
PO Box 1103
Carson wa 98610

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Vicki Kaneshige, 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 Kujoshi Kaneshige, who died on Jan 11 / 2024
Decedent/Grantor Date

at Carson Skamania WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

SEC. 21 T. 3 N. 2. 8 E. W. M.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
FEB 05 2026

PAID N/A
M. Monaghan
SKAMANIA COUNTY TREASURER

LM 4-5-26

Assessor's Property Tax Parcel/Account Number: 03082120082500
(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: 11-11-2025

Vicki Jean Kaneshige

Affiant's full name

509-427-5327

Telephone number

51 Wildwood Lane

<u>Carson</u>	Street	<u>98610</u>
City	WA	Zip Code
	State	

<u>Vicki Kaneshige</u>	<u>11-11-25</u>
Signature	Date

State of Oregon County of Hood river

I know or have satisfactory evidence that Vicki Jean Kaneshige
(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: 11 / 11 / 25

[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: 209 N 15th St, Hood river

Notary Public in and for the State of OR

My appointment expires: 10 / 29 / 28

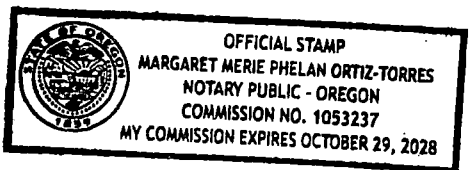


EXHIBIT 'A'

Lot 1 of the WILDWOOD SUBDIVISION, according to the recorded Plat thereof, recorded in Auditor File No. 2004153361, in the County of Skamania, State of Washington.

Together with an easement for ingress, egress and utilities as shown in the Short Plat recorded in Book 3 of Sort Plats, Page 284. Also as disclosed by instrument recorded in Book 195, Page 916.

Together with an easement for access as shown by instrument recorded in Auditor File No. 2004152288.

Together with an easement over Lot 3 as shown on the Wildwood Subdivision.

Gary H. Martin, Skamania County Assessor

Date 4-5-06 Parcel # 3-8-21-2-825

GM

Skamania County Assessor

Date 4-5-26 Parcel # 03082120082500

LM

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-003965

DATE ISSUED: 05/02/2025
FEE NUMBER: 200928169

FIRST AND MIDDLE NAME(S): KIYOSHI
LAST NAME(S): KANESHIGE

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JANUARY 11, 2024
HOUR OF DEATH: 08:30 AM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 51 WILDWOOD LANE
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

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

RESIDENCE STREET: 51 WILDWOOD LANE
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

BIRTH DATE: OCTOBER 10, 1939
BIRTHPLACE: GUADELUPE, CA

FATHER: ICHIJHI KANESHIGE
MOTHER: SHEGIKO YAMEDA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: VICKI CLYMER

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

OCCUPATION: PAPER BAG MAKER
INDUSTRY: INDUSTRIAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: JANUARY 29, 2024

INFORMANT: VICKI KANESHIGE
RELATIONSHIP: SPOUSE
ADDRESS: 51 WILDWOOD LANE, CARSON, WA 98610

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

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

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: YEARS
B: RHEUMATIC HEART DISEASE
INTERVAL: DECADES
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,
DIABETES MELLITUS TYPE 2, CHRONIC COLITIS

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: JORDAN NAGLE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 407 PORTWAY AVE SUITE 201
CITY, STATE, ZIP: HOOD RIVER, OREGON 97031
DATE SIGNED: JANUARY 22, 2024

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: JANUARY 29, 2024

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

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:		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

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 from 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 their own 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

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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar.

Katherine Hutchinson

