

Request of: THOMAS D SCHAFFER



Return Address:

Thomas D Schaffer  
732 Cedar Falls Rd  
Wahington Wa 98671

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A

FEB 23 2026

PAID N/A  
M. Monaghan Deputy  
SKAMANIA COUNTY TREASURER

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Thomas D Schaffer, 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  
*Relationship to decedent*

of Mary E Schaffer, who died on 11, 29 2022  
*Decedent/Grantor* *Date*

at Wahington Skamania Wa  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 6 Rivers Edge Acres  
732 Cedar Falls Rd SID BK B/PG 96

Skamania County Assessor

Date 2/23/26 Parcel# 2-5-26-1705

Assessor's Property Tax Parcel/Account Number: 02052600170500 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: 2, 23, 2026

Thomas Daniel Schafer

Affiant's full name

503 936 5795

Telephone number

732 Cedar Falls Rd

Street

Washougal wa 98671-6666

City

State

Zip Code

Thomas Daniel Schafer  
Signature

2, 23, 2026  
Date

State of Washington County of Skamania

I know or have satisfactory evidence that Thomas Daniel Schafer  
(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: 02/23/2026

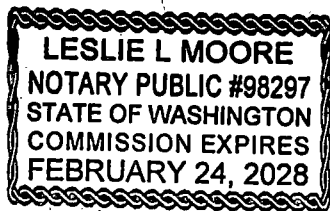
Leslie L Moore  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Casco

Notary Public in and for the State of Washington

My appointment expires: 02/24/2028



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/13/2023  
FEE NUMBER:

CERTIFICATE NUMBER: 2022-063661

FIRST AND MIDDLE NAME(S): MARY E  
LAST NAME(S): SCHAFER

COUNTY OF DEATH: CLARK  
DATE OF DEATH: NOVEMBER 29, 2022  
HOUR OF DEATH: 07:01 PM  
SEX: FEMALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

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

RESIDENCE STREET: 732 CEDAR FALLS ROAD  
CITY, STATE, ZIP: WASHOUGAL, WA 98671  
INSIDE CITY LIMITS: NO COUNTY: CLARK  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: MARCH 02, 1949  
BIRTHPLACE:

FATHER: HENRY MCADAMS  
MOTHER: MARY KERSHNER

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: THOMAS D SCHAFER

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

OCCUPATION: EMERGENCY MEDICAL TECHNICIAN  
INDUSTRY: MEDICAL  
EDUCATION: UNKNOWN  
US ARMED FORCES: NO

CITY, STATE: VANCOUVER, WASHINGTON  
DISPOSITION DATE: DECEMBER 14, 2022

INFORMANT: THOMAS D SCHAFER  
RELATIONSHIP: SPOUSE  
ADDRESS: 732 CEDAR FALLS ROAD, WASHOUGAL, WASHINGTON 98671

FUNERAL FACILITY: CASCADIA CREMATION & BURIAL SERVICES

ADDRESS: 6303 E 18TH STREET STE A  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661  
FUNERAL DIRECTOR: JOHN A. BRUTTO, II

CAUSE OF DEATH:

A: MULTIPLE BLUNT FORCE INJURIES

INTERVAL: UNKNOWN

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: ACCIDENT

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: NOVEMBER 29, 2022

HOUR OF INJURY: 02:07 PM

INJURY AT WORK: NO

PLACE OF INJURY: STATE HIGHWAY

CERTIFIER NAME: MARTHA J. BURT, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 5000

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98666

DATE SIGNED: DECEMBER 05, 2022

LOCATION OF INJURY: SR 14 AT MILE POST 21.5

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

COUNTY: CLARK

DESCRIBE HOW INJURY OCCURRED: PASSENGER OF VEHICLE IN  
COLLISION WITH ANOTHER VEHICLE

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 2022-3471

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: PASSENGER

LOCAL DEPUTY REGISTRAR: KATIE GRAUE

DATE RECEIVED: DECEMBER 14, 2022

# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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**

<b>Required</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 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: Printed name: _____ Date: _____	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: _____ Date: _____
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**INSTRUCTIONS** – go to [www.doh.wa.gov](http://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).
- |   |  |
|---|--|
| <p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>If legal guardian(s), include certified court order proving guardianship.</li> <li>Up to age one or up to one year following the filing of an Acknowledgement 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.</li> <li>No proof is required to change the first or middle name.*</li> <li>To correct parent's information, one proof documentation is required.</li> <li>To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> | <p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>Only the adult can change his or her birth certificate.</li> <li>If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>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.</li> <li>To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul> |
|---|--|
- \*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**

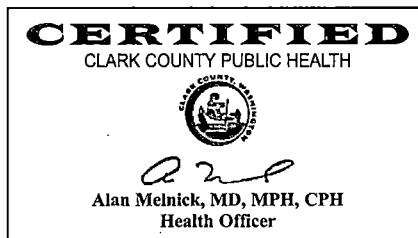
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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