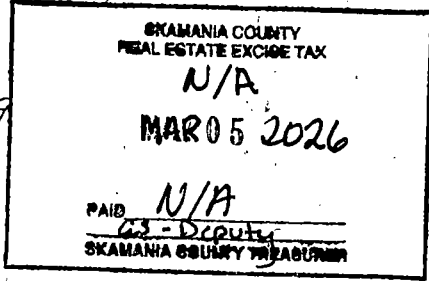


Return Address:
DANIEL L HOWARD
PO Box 230
N. Bonneville WA 98639



AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee DANIEL LLOYD HOWARD 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 Craig Stephen Forster, who died on NOVEMBER 17, 2023
Decedent/Grantor *Date*
at North Bonneville SKAMANIA WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
LOT 9, Block 8, of the relocated North Bonneville - CBD
Recorded IN Book "B" of PLATS, Page 16, ALSO
Recorded in Book "B" of PLATS, Page 32
IN the County of SKAMANIA, STATE of WASHINGTON

Assessor's Property Tax Parcel/Account Number: 02072034090000
(Attach full legal description of the property)

Skamania County Assessor RPH
Date 3/5/26 Parcel# 02072034090000

- 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: 3-5-2026

DANIEL LLOYD HOWARD

Affiant's full name

253 487-9298

Telephone number

809 CELICO RD

North Bonneville ^{Street} WA ^{State} 98639-0230 ^{Zip Code}

[Signature] 3-5-2026
Signature Date

State of Washington County of Skamania

I know or have satisfactory evidence that Daniel Lloyd Howard
(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: 03/05/2026

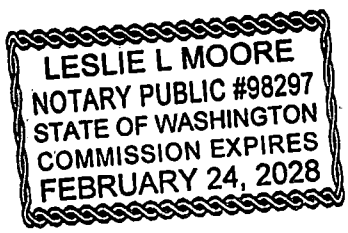
[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Carson

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: 2023-056488

DATE ISSUED: 11/21/2023
FEE NUMBER: 172319098

FIRST AND MIDDLE NAME(S): CRAIG STEPHEN
LAST NAME(S): FORSTER

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: NOVEMBER 17, 2023
HOUR OF DEATH: 05:56 AM
SEX: MALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: ██████████

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 809 CELILO DR
CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639

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

RESIDENCE STREET: 809 CELILO DR
CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE: AUGUST 28, 1960
BIRTHPLACE: DOWNEY, CA

FATHER: HERVY FORSTER
MOTHER: HELEN CUSIPER

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DANIEL HOWARD

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

OCCUPATION: MATERIALS MANAGMENT
INDUSTRY: AEROSPACE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: NOVEMBER 20, 2023

INFORMANT: DANIEL HOWARD
RELATIONSHIP: HUSBAND
ADDRESS: 809 CELILO DR, NORTH BONNEVILLE, WASHINGTON, 98639

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: METASTATIC CANCER WITH UNKNOWN PRIMARY
INTERVAL: WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: KIRSTEN CARR, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 12625 4TH AVE W SUITE 203
CITY, STATE, ZIP: EVERETT, WASHINGTON 98204
DATE SIGNED: NOVEMBER 17, 2023

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: NOVEMBER 20, 2023

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	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 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

- 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

- 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 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.

