



Return Address:

TAMMY A BRANOM
PO BOX 1042
CARSON, WA 98610

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
MAR 10 2025

PAID N/A
M. W. Shaughan Deputy
SKAMANIA COUNTY TREASURER

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee TAMMY A. BRANOM, 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
Relationship to decedent

of SCOTT A. BRANOM, who died on 6-29-2021
Decedent/Grantor *Date*

at CARSON SKAMANIA WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOT 2 MATHANY SP #1 BK 3/PG 254
SKAMANIA COUNTY, WA

Skamania County Assessor

Date 3/10/26 Parcel # 38-28-2-2-303

Assessor's Property Tax Parcel/Account Number: 03082822030300
(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)

PAMELA JOHNSON - MOTHER

Full name, age, relationship, address

20400 SAWMS ROAD, 1806
KATY, TX 77449

Full name, age, relationship, address

LEON L. BRANDON, JR. - BROTHER

14335 BROADGREEN DR. HOUSTON, TX 77079

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: March 10, 2026

TAMMY ANNE BRANSON

Affiant's full name

360-909-9949

Telephone number

141 Old Airport Road

Carson WA 98610

City

Street
State

Zip Code

Tammy A. Branson

Signature

March 10, 2026

Date

State of Washington County of Skamania

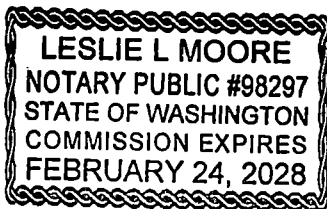
I know or have satisfactory evidence that Tammy Anne Branson
(name of person)

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: 03/10/2026

Leslie L Moore
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: 2021-031905

DATE ISSUED: 07/22/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SCOTT ALAN
LAST NAME(S): BRANOM

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JUNE 29, 2021
HOUR OF DEATH: 08:18 PM
SEX: MALE AGE: 47 YEARS
SOCIAL SECURITY NUMBER: 5 [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 161 OLD AIRPORT ROAD
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

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

RESIDENCE STREET: 161 OLD AIRPORT ROAD
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: FEBRUARY 13, 1974
BIRTHPLACE: WHITE SALMON, WA

FATHER: LEON LEE BRANOM SR
MOTHER: PAMELA RAE FERGUSON

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: TAMMY A DEMORATZ

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

OCCUPATION: FACILITIES TECHNICIAN
INDUSTRY: SEMI-CONDUCTOR
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: JULY 07, 2021

INFORMANT: TAMMY A BRANOM
RELATIONSHIP: SPOUSE
ADDRESS: P.O. BOX 1042, CARSON, WA 98610

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

CAUSE OF DEATH:
A: ESOPHAGEAL CANCER
INTERVAL: 15 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LEPTOMENINGEAL DISEASE;
LYMPH, LIVER BONE, AND ADRENAL METASTASES; SEVERE PNEUMONITIS DUE
TO IMMUNOTHERAPY

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

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

DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: STEPHEN MCLENNON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2621 WASCO STREET
CITY, STATE, ZIP: HOOD RIVER, OREGON 97031
DATE SIGNED: JULY 07, 2021

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: JULY 07, 2021



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 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 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 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 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <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 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
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*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

JUL 22 2021

Alan Melnick
Health Officer
Skamania Co. Public Health



0 1 2 3 6 7 5 0



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