

# Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2020.  
This affidavit will not be accepted unless all areas on all pages are fully completed.  
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if the sale occurred in more than one location code.  Check box if partial sale, indicate % \_\_\_\_\_ sold.  
List percentage of ownership acquired next to each name.

**1 Seller/Grantor**  
Name Jean Y. Thompson, deceased

**2 Buyer/Grantee**  
Name The Estate of John B. Thompson, deceased

Mailing address 812 2nd St  
City/state/zip Asotin, WA 99402  
Phone (including area code) N/A

Mailing address 970 Post Lane  
City/state/zip Clarkston, WA 99403  
Phone (including area code) (208) 791-9872

**3 Send all property tax correspondence to:**  Same as Buyer/Grantee  
Name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/state/zip \_\_\_\_\_

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-056-00-091-0023-0000</u>	<input type="checkbox"/>	<u>\$ 32,760.00</u>
<u>7-007-45-003-3080-0000</u>	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4 Street address of property** Unplatted Anatone  
This property is located in Asotin County (for unincorporated locations please select your county)  
 Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.  
Legal description of property (if you need more space, attach a separate sheet to each page of the affidavit).

Please see attached Exhibit A.

**5** 19 - Vacation and cabin  
Enter any additional codes \_\_\_\_\_  
(see back of last page for instructions)

**7 List all personal property (tangible and intangible) included in selling price.**  
If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection) WAC 458-61A-202(6)(h)  
Reason for exemption \_\_\_\_\_  
Transfer of community property interest to surviving spouse with no Will, community property agreement, trust, etc.

Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)?  Yes  No  
Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215.  Yes  No  
If yes, complete the predominate use calculator (see instructions for section 5).

**6 Is this property designated as forest land per RCW 84.33?**  Yes  No  
Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34?  Yes  No  
Is this property receiving special valuation as historical property per RCW 84.26?  Yes  No

If any answers are yes, complete as instructed below.  
**(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)**  
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale (RCW 84.33.140 or 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land:  does  does not qualify for continuance.  
Deputy assessor signature \_\_\_\_\_ Date \_\_\_\_\_

**(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)**  
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

**(3) NEW OWNER(S) SIGNATURE**  
Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Print name \_\_\_\_\_ Print name \_\_\_\_\_

**8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT**  
Signature of grantor or agent Nancy A. Thompson  
Name (print) Nancy A. Thompson  
Date & city of signing 10/21/21 Clarkston

Type of document	<u>Lack of Probate Affidavit</u>
Date of document	<u>10/21/2021</u>
Gross selling price	<u>32,760.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>32,760.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	
Less than \$500,000.01 at 1.1%	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28%	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75%	<u>0.00</u>
Above \$3,000,000 at 3%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>0.00</u>
0.0025 Local	<u>0.00</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>0.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>5.00</u>
Total due	<u>10.00</u>

0200

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX  
\*SEE INSTRUCTIONS

Signature of grantee or agent Nancy A. Thompson  
Name (print) Nancy A. Thompson, Administratrix  
Date & city of signing 10/21/21 Clarkston

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).  
To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

EST. OF J. THOMPSON  
Clerk 364

OCT 26 2021  
ASOTIN COUNTY  
TREASURER

054672 Print on legal size paper.  
Page 1 of 6

EXHIBIT A

Legal Description

PARCEL I:

That part of Government Lot 4 of Section 3 of Township 7 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Northwest corner of said Government Lot 4; thence South  $88^{\circ}23'13''$  East along the North line of said Government Lot 4 a distance of 325.55 feet to the TRUE PLACE OF BEGINNING; thence continue South  $88^{\circ}23'13''$  East a distance of 330.0 feet; thence South  $1^{\circ}38'17''$  West a distance of 665.38 feet; thence North  $88^{\circ}21'43''$  West a distance of 330.0 feet; thence North  $1^{\circ}38'17''$  East a distance of 665.25 feet to the true place of beginning.

PARCEL II:

A non-exclusive easement for ingress, egress and utilities on, over and across the East 20 feet of the North 655.72 feet of Government Lot 4 of Section 3 of Township 7 North, Range 45 East of the Willamette Meridian, and on, over and across a strip of land in said Government Lot 4 lying 10 feet on each side of the following described centerline:

Commencing at the Southeast corner of said Government Lot 4; thence North  $2^{\circ}10'55''$  East along the East line of said Government Lot 4 a distance of 665.72 feet to the True Place of Beginning; thence North  $88^{\circ}21'43''$  West a distance of 1035.53 feet to the terminus of the above described centerline, and on, over and across the North 20 feet of the West 22 rods of Government Lot 1, and the North 20 feet of Government Lots 2 and 3 of said Section 3.

SUBJECT TO:

- 1) Exception #4. The rights of others for ingress, egress and utilities over and across the South 10 feet of said lands, as disclosed by Instrument Number 167620, recorded October 24, 1985, records of Asotin County, Washington.

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- 2) Exception #5. Easement including its terms, covenants and provisions as disclosed by instrument;  
To: Clearwater Power Company  
Recorded: October 8, 1984  
Instrument Number: 163807  
For: Right to construct, reconstruct, rephase, repair, operate and maintain an electric transmission or distribution line, and to cut and trim trees and shrubbery  
Affects: Said lands
- 3) Exception #6. Easement including its terms, covenants and provisions as disclosed by instrument;  
To: Clearwater Power Company  
Recorded: October 8, 1984  
Instrument Number: 163809  
For: Right to construct, reconstruct, rephase, repair, operate and maintain an electric transmission or distribution line, and to cut and trim trees and shrubbery  
Affects: Said land

Tax Parcel Nos. 1-056-00-091-0023-0000 and 7-007-45-003-3080-0000

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After recording return to:

Lucy L. Dukes  
843 Seventh Street, P. O. Box 191  
Clarkston, WA 99403

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Grantor: Jean Y. Thompson, deceased  
Grantee: The Estate of John B. Thompson, deceased  
Legal: Parts of Govt. Lot 4, Sec. 3, Tsp. 7 N, R45 EWM, Asotin County, Washington  
Parcel Nos. 1-056-00-091-0023-0000 and 7-007-45-003-3080-0000

**AFFIDAVIT**  
(Lack of Probate)

STATE OF WASHINGTON            )  
  : ss.  
County of Asotin                            )

Nancy A. Thompson, being first duly sworn, on oath, deposes and says:

1. Jean Y. Thompson died on the 16<sup>th</sup> day of March, 2016, in Nez Perce County, Idaho, then being a resident of Asotin, Washington, and the owner of property located in the County of Asotin, State of Washington. At the time of her death, she was married to John B. Thompson.

2. That the heir at law of decedent is as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
John B. Thompson 812 2 <sup>nd</sup> St Asotin, WA 99402	Surviving Spouse	L

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3. Jean Y. Thompson died intestate. The real property described below was community property owned jointly by Jean Y. Thompson and her surviving spouse, John B. Thompson. Pursuant to RCW 11.04.015(1)(a), John B. Thompson is the lawful surviving heir and owner of the following-described real property:

PARCEL I:

That part of Government Lot 4 of Section 3 of Township 7 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

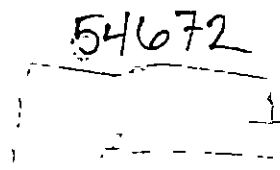
Commencing at the Northwest corner of said Government Lot 4; thence South  $88^{\circ}23'13''$  East along the North line of said Government Lot 4 a distance of 325.55 feet to the TRUE PLACE OF BEGINNING; thence continue South  $88^{\circ}23'13''$  East a distance of 330.0 feet; thence South  $1^{\circ}38'17''$  West a distance of 665.38 feet; thence North  $88^{\circ}21'43''$  West a distance of 330.0 feet; thence North  $1^{\circ}38'17''$  East a distance of 665.25 feet to the true place of beginning.

PARCEL II:

A non-exclusive easement for ingress, egress and utilities on, over and across the East 20 feet of the North 655.72 feet of Government Lot 4 of Section 3 of Township 7 North, Range 45 East of the Willamette Meridian, and on, over and across a strip of land in said Government Lot 4 lying 10 feet on each side of the following described centerline:

Commencing at the Southeast corner of said Government Lot 4; thence North  $2^{\circ}10'55''$  East along the East line of said Government Lot 4 a distance of 665.72 feet to the True Place of Beginning; thence North  $88^{\circ}21'43''$  West a distance of 1 035.53 feet to the terminus of the above described centerline, and on, over and across the North 20 feet of the West 22 rods of Government Lot 1, and the North 20 feet of Government Lots 2 and 3 of said Section 3.

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SUBJECT TO:

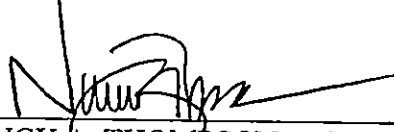
- 1) Exception #4. The rights of others for ingress, egress and utilities over and across the South 10 feet of said lands, as disclosed by Instrument Number 167620, recorded October 24, 1985, records of Asotin County, Washington.
  
- 2) Exception #5. Easement including its terms, covenants and provisions as disclosed by instrument;  
To: Clearwater Power Company  
Recorded: October 8, 1984  
Instrument Number: 163807  
For: Right to construct, reconstruct, rephase, repair, operate and maintain an electric transmission or distribution line, and to cut and trim trees and shrubbery  
Affects: Said lands
  
- 3) Exception #6. Easement including its terms, covenants and provisions as disclosed by instrument;  
To: Clearwater Power Company  
Recorded: October 8, 1984  
Instrument Number: 163809  
For: Right to construct, reconstruct, rephase, repair, operate and maintain an electric transmission or distribution line, and to cut and trim trees and shrubbery  
Affects: Said land

Tax Parcel Nos. 1-056-00-091-0023-0000 and 7-007-45-003-3080-0000

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of her death, and to comply with the provisions of WAC 458-61A-202(6)(i).

Dated this 21<sup>st</sup> day of October, 2021.

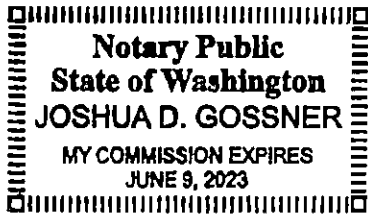
ESTATE OF JOHN B. THOMPSON

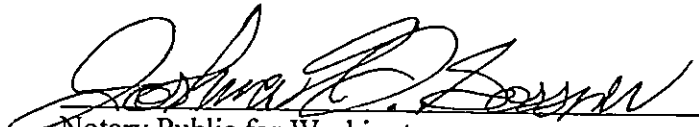
By:   
NANCY A. THOMPSON, Administratrix

STATE OF WASHINGTON )  
 ) :SS  
County of Asotin )

On this 21<sup>st</sup> day of October, 2021, before me personally appeared Nancy A. Thompson, to me known to be the Administratrix of the Estate of John B. Thompson, and acknowledged the within and foregoing instrument to be the free and voluntary act and deed of said entity, for the uses and purposes therein mentioned, and on oath stated that she was authorized to execute said instrument.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.



  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires June 9, 2023

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

Date Filed MARCH 17, 2016

State File No. 2016-02647

DECEDENT - LEGAL NAME <b>JEAN YULE THOMPSON</b>			
SEX <b>FEMALE</b>	SOCIAL SECURITY NUMBER [REDACTED]	AGE <b>64 YEARS</b>	DATE OF BIRTH <b>OCTOBER 13, 1951</b>
BIRTH PLACE <b>GREAT FALLS, MONTANA</b>		PLACE OF RESIDENCE <b>ASOTIN, WASHINGTON</b>	
MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>		NAME OF SURVIVING SPOUSE (if wife, maiden name) <b>JOHN BURT THOMPSON</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>NO</b>
FATHER - NAME <b>KENNETH GEORGE MAGDALL</b>			BIRTH PLACE <b>MONTANA</b>
MOTHER - MAIDEN NAME <b>BETTY LOU WADDELL</b>			BIRTH PLACE <b>MONTANA</b>
METHOD OF DISPOSITION <b>CREMATION</b>		FUNERAL SERVICE LICENSEE <b>JASON M. HARWICK</b>	
NAME AND ADDRESS OF FUNERAL FACILITY <b>MALCOM'S BROWER-WANN FUNERAL HOME, LEWISTON, IDAHO</b>			
DATE OF DEATH <b>MAR 16, 2016</b>	TIME OF DEATH <b>6:25 P.M.</b>	CITY, TOWN OR LOCATION OF DEATH <b>LEWISTON, IDAHO</b>	COUNTY OF DEATH <b>NEZ PERCE</b>
CAUSE OF DEATH (underlying cause last) <b>SUDDEN CARDIAC ARRHYTHMIA</b>			Approximate Interval Between Onset and Death <b>MINUTES</b>
DUE TO (or as a consequence of): <b>PROBABLE UNKNOWN HEART DISEASE</b>			<b>YEARS</b>
DUE TO (or as a consequence of): <b>UNKNOWN ETIOLOGY</b>			<b>YEARS</b>
DUE TO (or as a consequence of): <b>NONE STATED</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above <b>NONE STATED</b>			WAS AN AUTOPSY PERFORMED? <b>NO</b>
MANNER OF DEATH <b>NATURAL</b>	NAME OF CERTIFIER <b>GARY L. GILLIAM</b>		TITLE <b>CORONER</b>
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

MARCH 17, 2016

DATE ISSUED: \_\_\_\_\_

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

PHCO 12-1-12

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR







\*000698756\*

241220

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-036515

DATE ISSUED: 08/11/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN BURT  
LAST NAME(S): THOMPSON

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: AUGUST 09, 2020  
HOUR OF DEATH: 06:46 AM  
SEX: MALE AGE: 70 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 812 2ND ST  
CITY, STATE, ZIP: ASOTIN, WA 99402-9542  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 35 YEARS

BIRTH DATE: MARCH 18, 1950  
BIRTHPLACE: TWIN FALLS, ID

FATHER: LEO THOMPSON  
MOTHER: MARION LEE QUIGLEY

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: OPERATOR  
INDUSTRY: MACHINE/Crane OPERATOR  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: AUGUST 12, 2020

INFORMANT: DANNA SMITH  
RELATIONSHIP: DAUGHTER  
ADDRESS: 302 139TH ST., OROFINO, ID 83544

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:  
A: PROBABLE PULMONARY EMBOLISM  
INTERVAL: MOMENTS  
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: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: LISA WEBBER  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: PO BOX 220  
CITY, STATE, ZIP: ASOTIN, WA 99402  
DATE SIGNED: AUGUST 11, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

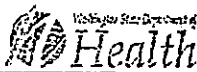
CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SHEENA L. SAVAGE  
DATE RECEIVED: AUGUST 11, 2020

89242

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# 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:

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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 foregoing is true and correct

16a. Signature: Printed name: _____ Date: _____	16b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: _____ Date: _____
--	--

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 using this form, 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). 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 January 2015

# CERTIFIED

AUG 11 2020

*Glenn Houser MD*  
 Dr. Glenn Houser  
 Health District Officer  
 Garfield County Health District



0 3 2 1 8 8 5 6

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

85210