Department of Revenue
Washington State

Form 84 0001a

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

Only for sales in a single location code on or after March 1, 2023.
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.
This form is your receipt when stamped by cashier. *Please type or print.*

☐ Check box if partial sale, indicate %_____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Dale M. Lindley and Barbara L. Lindley, husband and wife

Mailing address 1015 15th Street

City/state/zip Clarkston WA 99403

Phone (including area code) _____

2 Buyer/Grantee

Name Carol J. Harding

Mailing address 1237 13th Street

City/state/zip Clarkston WA 99403

Phone (including area code) (509) 758-2094

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)
1-149-00-003-0000-0000	☐	$ 30,500.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 1015 15th Street, Clarkston WA 99403

This property is located in Clarkston *(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).

Lot 5 of Liedke Addition according to plat recorded in Book D of Plats, page 35, in Asotin County, Washington.

5 09 - Land with mobile home

Enter any additional codes _____

(see back of last page for instructions)

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 predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? **If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions)** ☐ Yes ☑ No

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

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) 458-61A-202(6)(i)

Reason for exemption

Transferred under a will that has not been probated

Type of document Affidavit (Lack of Probate)

Date of document August 16, 2023

Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	0.00
Excise tax: state	
Less than $525,000.01 at 1.1%	0.00
From $525,000.01 to $1,525,000 at 1.28%	0.00
From $1,525,000.01 to $3,025,000 at 2.75%	0.00
Above $3,025,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
0.0025 Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

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

02-00

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of grantor or agent _____

Name (print) Kate A. Hawkins

Date & city of signing 8/21/2023

Signature of grantee or agent _____

Name (print) Kate A. Hawkins

Date & city of signing 8/21/23

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.

REV 84 0001a (02/28/23)

CLARK + FEDDER
CK# 100316

THIS SPACE TREASURER'S USE ONLY

SEP - 1 2023

ASOTIN COUNTY TREASURER

COUNTY TREASURER

#56319

Print on legal size paper

Return to:
Kate A. Hawkins
Clark and Feeney, LLP
1229 Main Street
P. O. Drawer 285
Lewiston, ID 83501

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant, CAROL J. HARDING, being first duly sworn deposes and states as follows: That she is the rightful heir as listed on heirs at law, to the real property described below, and is the surviving daughter of DALE M. LINDLEY, who died on September 17, 2017, at Clarkston, Asotin County, Washington and BARBRA L. LINDLEY, who died on October 13, 2013, at Clarkston, Asotin County, Washington.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Situated in the County of Asotin, State of Washington:

Lot 5 of Liedke Addition according to plat recorded in Book D of Plats, page 35, in Asotin County, Washington.

Assessor's Property Tax Parcel/Account Number: 1-149-00-003-0000-0000

Decedents both left a Last Will and Testament that left all property to Carol Harding, in the event she survived them. Their Wills, although unrevoked at Decedents' deaths, were not offered for probate. Decedents executed a Community Property Agreement on December 16, 2009.

"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 decedents: (use of additional pages if necessary).

Children

1. Carol J. Harding
   1237 13th Street
   Clarkson, WA 99403

Dated: Aug 21- 2023

Carol J. Harding

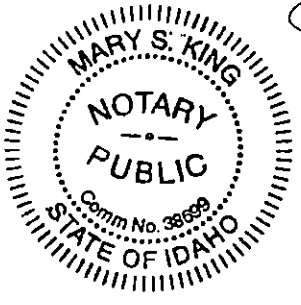
CAROL J. HARDING
1237 13th Street
Clarkston, WA 99403
(509) 758-2094

56319

STATE OF IDAHO)
) ss
County of Nez Perce)

On this 21st day of August, 2023, before me, the undersigned, a notary public in and for said state, personally appeared CAROL J. HARDING known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Notary Public in and for said State
Residing at: Lewiston, ID
My Commission expires: 4/11/2026

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number | **Washington State Certificate of Death** | State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Barbara | Middle: L. | LAST: Lindley | Suffix:
2. Death Date: Oct. 17, 2013
3. Sex (M/F): Female
4a. Age – Last Birthday: 82
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Asotin
7. Birthdate: April 18, 1931
8a. Birthplace (City, Town, or County): Sacramento
8b. (State or Foreign Country): California
9. Decedent's Education: 1 Year of College
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 1015 - 15th Street
13b. City or Town: Clarkston
13c. Residence: County: Asotin
13d. Tribal Reservation Name (If applicable): N/A
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 99403
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 27 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Dale Lindley
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Home Maker
18. Kind of Business/Industry (Do not use Company Name): Own Home
19. Father's Name (First, Middle, Last, Suffix): Ray Clark
20. Mother's Name Before First Marriage (First, Middle, Last): Clara Weis
21. Informant's Name: Dale M. Lindley
22. Relationship to Decedent: Husband
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 1015 - 15th Street, Clarkston, Wa. 99403
24. Place of Death, if Death Occurred in a Hospital: Inpatient
Place of Death, if Death Occurred Somewhere Other than a Hospital:
25. Facility Name (If not a facility, give number & street or location): Tri-State Memorial Hospital
26a. City, Town, or Location of Death: Clarkston
26b. State: Wa.
27. Zip Code: 99403
28. Method of Disposition: Removal/Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Mountain View Crematory
30. Location-City/Town and State: Lewiston, Idaho
31. Name and Complete Address of Funeral Facility: Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403
32. Date of Disposition: Oct 22, 2013
33. Funeral Director Signature X: Don F. Brown

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Aspiration c Cardiac arrest — Interval between Onset & Death: 1 day
Due to (or as a consequence of):
b. — Interval between Onset & Death:
Due to (or as a consequence of):
c. — Interval between Onset & Death:
Due to (or as a consequence of):
d. — Interval between Onset & Death:

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Dementia, Atrial fibrillation, Type 2 DM, Hypertension
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☒ No ☐ Unk
45. Location of Injury: Number & Street: / Apt No: / City or Town: / County: / State: / Zip Code+4:
46. Describe how injury occurred:
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. Certifying Physician - X R.J. Weiland
48b. Medical Examiner/Coroner - X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): R.J. Weiland M.D. 1207 Evergreen Ct. Clarkston, WA 99403
50. Hour of Death (24hrs): 1820
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 10/21/2013
53. Title of Certifier: Medical Doctor
54. License Number: WA 15988
55. Medical Examiner Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X:
58. Date Received (MM/DD/YYYY): OCT 21 2013 5639
59. Amendments:

DOH 01-003 (12/11)

THE STATE OF WASHINGTON 1889

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

DOH/CHS 003 March 2012

Affidavit for Correction

Health

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify)

Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:

All vital records are registered as received

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization; Hospital /Medical Record; Life Insurance Policy; Marriage/Divorce Record; Numident Report (Social Security Administration); Military Record (DD 214); Birth Record; Passport; School Transcripts (Official); Voter's Registration Card (if it bears an effective date); Alien Registration Card (front and back); We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate

Birth Certificates

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe
3. Child (under 18)
   - Only parent(s) or legal guardian can change the birth certificate
   - Guardian must submit certified court order giving them authority to act on behalf of child(ren)
   - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required
   - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed
   - To correct birth date, place of birth or parent's information, one documentary proof is required

   Adult (18 years or older)
   - Only the adult themselves can change the birth certificate
   - If the first or middle name is absent three pieces of documentary proof are required
   - If the first and/or middle name is misspelled, two pieces of documentary proof are required
   - To correct birth date, place of birth or parent's information, one documentary proof is required
   - Proof must be five (or more) years old or have been established within five years of birth
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 637**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the personal information
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes

Marriage/Dissolution (Divorce) Certificates

1. Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) of the person
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 022-054 July 2012

GRAYS HARBOR COUNTY
STATE OF WASHINGTON
HEALTH DISTRICT

Lawrence M. Garges, M.D
Health Officer

OCT 21 2013

XX00189680

56319

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY
FOR VA USE ONLY

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-040797

DATE ISSUED: 09/22/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DALE M
LAST NAME(S): LINDLEY

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 17, 2017
HOUR OF DEATH: 01:42 PM
SEX: MALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: JANUARY 20, 1927
BIRTHPLACE: WALLA WALLA, WA

MARITAL STATUS: WIDOWED
SPOUSE: UNKNOWN

OCCUPATION: INSPECTION REPRESENTATIVE
INDUSTRY: US CORPS OF ENGINEERS
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

INFORMANT: CAROL HARDING
RELATIONSHIP: DAUGHTER
ADDRESS: 1237 13TH ST, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: CARDIOPULMONARY FAILURE
INTERVAL: DAYS
B: ADULT FAILURE TO THRIVE
INTERVAL: WEEKS
C: PHYSICAL DISABILITY / DECONDITIONING
INTERVAL: MONTHS
D: ADVANCED AGE
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT HEART BLOCK, CONGESTIVE HEART FAILURE

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1015 15TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: HAROLD A LINDLEY
MOTHER/PARENT: VIVA BRANT

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: VINELAND CEMETERY

CITY, STATE: CLARKSTON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 22, 2017

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: TIFFANY HANE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1242 11TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: SEPTEMBER 18, 2017

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

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: SEPTEMBER 21, 2017

5639

Washington State Department of Health

Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last

6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

7. Return Mailing Address: P.O. 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 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:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	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

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. 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 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, **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

1. 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.
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 documentary proof.
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.

DOH 422-034 October 2015

Joel McCullough, M.D., MPH, MS
Health Officer

JEFFERSON COUNTY PUBLIC HEALTH DISTRICT STATE OF WASHINGTON

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

SEP 2 2 2017

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