

04 FEB 9 PM 2:12

Vol M04 Page 07770

After Recording Return to:
D.T. SERVICE CO. INC.
40 Paulina Browning
HC 71, Box 4952
Henover, NM. 88041
Until a change is requested all tax statements
Shall be sent to the address shown above.

ATE 58211

State of Oregon, County of Klamath
Recorded 02/09/2004 2:12P m
Vol M04 Pg 7770-74
Linda Smith, County Clerk
Fee \$ 41.00 # of Pgs 5

WARRANTY DEED
(INDIVIDUAL)

DAVID P. BURTON and DONALD N. BURTON, individually and as the remaining sole heirs in interest of the real property legally described herein of Walter P. Burton and Mary E. Burton, deceased, herein called Grantors, convey(s) to D.T. SERVICE CO. INC., a Nevada corporation, herein called Grantee, all that real property situated in the County of KLAMATH, State of Oregon, described as:

Lots 12 and 13, Block 124, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 4, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is **\$3,600.00.**
(here comply with the requirements of ORS 93.930)

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

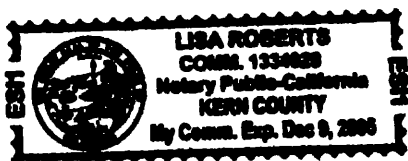
Dated January 13, 2004.

David P. Burton
DAVID P. BURTON
Donald N. Burton
DONALD N. BURTON

STATE OF CALIFORNIA, County of Kern) ss.

On January 16, 2004, personally appeared the above named DAVID P. BURTON and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me: *Lisa Roberts*
Notary Public for California
My commission expires: 12/9/05

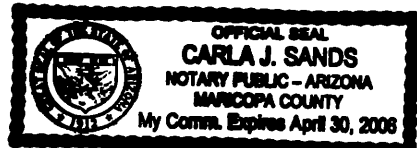


Official Seal

STATE OF ARIZONA, County of Maricopa) ss.

On January 21, 2004, personally appeared the above named DONALD N. BURTON and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me: *Carla J. Sands*
Notary Public for Arizona
My commission expires: 4-30-06



41A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



TYPE OR PRINT IN PERMANENT BLACK INK

072460
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

07771

STATE FILE NUMBER

1. NAME First Middle Last Mary Elizabeth Burton			2. SEX (M / F) F		3. DEATH DATE (Mo, Day, Yr) 11/26/2000		
4. AGE LAST BIRTH-DAY (Yrs) 77	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTH-DATE (Mo, Day, Yr) 3/3/1923	8. BIRTH-PLACE (City, State or Foreign Country) Clovis, New Mexico		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	13. COUNTY OF DEATH Mason
11. CITY, TOWN OR LOCATION OF DEATH Shelton			12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> OUR HOME 6. <input type="checkbox"/> OTHER PLACE Fir Lane Health and Rehabilitation			13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (if wife, give maiden name) N/A		16. SOCIAL SECURITY NO. 552-28-2597		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Own Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 1580 E. Benson Lk. Rd.		23. CITY/TOWN, OR LOCATION Grapeview	24. INSIDE CITY LIMITS? (Yes / No) no	25A. COUNTY Mason	25B. LENGTH OF RES. IN CO. 20yrs.	26. STATE WA	27. ZIP CODE 98546

28. FATHER'S NAME — FIRST, MIDDLE, LAST Emmett Dunlap			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Mannie Stone		
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30. INFORMANT — NAME Helan Burton		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP Po. Box 189 Keene CA 93531	
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32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo, Day, Yr) 11/28/2000	34. CEMETERY/CREMATORY — NAME McComb Crematory	35. LOCATION — CITY/TOWN, STATE Shelton, WA
36. FUNERAL DIRECTOR SIGNATURE <i>x Doak M. Edwards</i>		37. NAME OF FACILITY McComb Funeral Home	38. ADDRESS OF FACILITY Po. Box 179, Shelton, WA 98584

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x [Signature]</i>		40. DATE SIGNED (Mo, Day, Yr) 11/27/2000		41. HOUR OF DEATH (24 Hrs) 1620	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		43. NAME AND TITLE OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Mark Trucksess, 1663 N. 13th St., Shelton, WA 98584		44. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X	
45. HOUR OF DEATH (24 Hrs)		46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)	

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Mark Trucksess, 1663 N. 13th St., Shelton, WA 98584		49. ME/CORONER FILE NUMBER	
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50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. Recurrent Metastatic Cancer of Lung		INTERNAL BETWEEN ONSET AND DEATH 6mo
	B. Original Lung Ca @ Small Cell 1986		INTERNAL BETWEEN ONSET AND DEATH
	C.		INTERNAL BETWEEN ONSET AND DEATH
	D.		INTERNAL BETWEEN ONSET AND DEATH

61. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:			52. AUTOPSY? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No
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54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. DESCRIBE HOW INJURY OCCURRED:		
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58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, BLDG., ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE		
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61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62. DATE RECEIVED (Mo, Day, Yr) NOV 27 2000
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AFFIDAVIT FOR CORRECTION

07772

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	IDEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1 STATE # LF NUMBER		for
2 NAME		3. DATE OF EVENT	4 PLACE OF EVENT (City and County)	
5 FATHER'S FULL NAME (if Birth) HUSBAND (if Marriage/Dissolution)		6 MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7		8		
9		10		
11		12		
13		14		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16 SIGNATURE		17 DATE	18 ADDRESS	

DCH 110-007 (Rev. 3/93)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proofs must match exactly the asserted true facts. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a ongoing only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proofs and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9700
 Olympia, WA 98507-9700

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



NOV 27 2000

M.E. Trucksees, M.D.
 M.E. Trucksees, M.D., Health Officer

HH219179

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



07773

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

072323

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

OFFICE USE ONLY

DISTRICT
D-1

COPIES
12

HOSPITAL

OCCURRENCE

RESIDENCE

TRACT

OCCUPATION

1. NAME First: Walter Middle: Preston Last: Burton			2. SEX (M/F) M		3. DEATH DATE (Mo, Day, Yr) Aug. 18, 2000									
4. AGE LAST BIRTHDAY (Yrs) 79		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) July 6, 1921		8. BIRTH-PLACE (City, State or Foreign Country) Oklahoma		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10. COUNTY OF DEATH Mason		
11. CITY, TOWN OR LOCATION OF DEATH Shelton				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG REMOVE PTN 4. HOSP 5. NUR HOME 6. OTHER PLACE 1580 E. Benson Lake Rd						13. SMOKING IN LAST 15 YEARS? (Yes/No) NO				
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married			15. SURVIVING SPOUSE (If wife, give maiden name) Mary Dunlap			16. SOCIAL SECURITY NO. 559-28-0088			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-) 12					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Heavy Equipment Oper.			19. KIND OF BUSINESS OR INDUSTRY Highway Department			20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No			21. RACE (Specify) White					
22. RESIDENCE — NUMBER AND STREET 1580 E. Benson Lake Rd.			23. CITY/TOWN, OR LOCATION Grapeview		24. INSIDE CITY LIMITS? (Yes/No) No		25A. COUNTY Mason		25B. LENGTH OF RES. IN CO. 17yrs.		26. STATE Wash.		27. ZIP CODE 98546	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Walter P. Burton Sr.						29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Henrietta Higgenbotham								
30. INFORMANT — NAME Mary Burton				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1580 E. Benson Lake Rd. Grapeview, WA 98546										
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Aug 21, 2000		34. CEMETERY/CREMATORY — NAME McComb Crematory				35. LOCATION — CITY/TOWN, STATE Shelton, Wa.						
36. FUNERAL DIRECTOR SIGNATURE X Ronald [Signature]				37. NAME OF FACILITY McComb Funeral Home				38. ADDRESS OF FACILITY 703 W Railroad Shelton, Wa. 98584						
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]								
40. DATE SIGNED (Mo., Day, Yr) 08/21/2000			41. HOUR OF DEATH (24 Hrs.) 1815			44. DATE SIGNED (Mo., Day, Yr)			45. HOUR OF DEATH (24 Hrs.)					
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Mark Trucksess, 237 Professional Way						46. PRONOUNCED DEAD (Mo., Day, Yr)			47. HOUR PRONOUNCED DEAD (24 Hrs.)					
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Mark Trucksess, 237 Professional Way						49. ME/CORONER FILE NUMBER Nja/ 0155-00								
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:														
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Probabab Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH immed.				
		B. ASHD DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH 4hrs				
		C. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH				
		D. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH				
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: IHSS, COPD, CA Prostata						52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes						
54. ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:								
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, BLDG., ETC. (Specify) STREET OR RFD NO., CITY/TOWN, STATE												
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE						62. DATE RECEIVED (Mo., Day, Yr) AUG 21 2000								



AFFIDAVIT FOR CORRECTION

07774

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/>		1 STATE FILE NUMBER		for
Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with				
2 NAME		3 DATE OF EVENT		4 PLACE OF EVENT (City and County)
5 FATHER'S FULL NAME (if Birth) HUSBAND (if Marriage/Dissolution)		6 MOTHER'S FULL MAIDEN NAME (if Birth); WIFE (if Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7		8.		
9		10		
11.		12		
13		14		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT				
16 SIGNATURE		17 DATE		18 ADDRESS

DCH 110-007 (Rev. 3/99)

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3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one-time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
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7. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
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1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
 12 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709



AUG 29 2000

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

M.E. Truckess, M.D.
 M.E. Truckess, M.D., Health Officer

HH219290