After Recording Return to:

D.T. SERVICE CO. INC.

40 Pauling Browning

HC 71. Box 495 C

Henover, Nm. 88041

Until a change is requested all tax statements

Shall be sent to the address shown above.

State of Oregon, County of Klamath
Recorded 02/09/2004 2:12 p n
Vol M04 Pg 7776 - 74
Linda Smith, County Clerk
Fee \$ 4/100 # 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.

| | D. 12 18 - |
|--|---|
| | DAVID P/BURTON AUM Ritu |
| | DONALD'N. BURTON |
| STATE OF CALIFORNIA, County of World |) 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: | - |
| Notary Public for California My commission expires: 12/19/05 | LISA ROBERTS |
| My commission expires: 10/17/09 | E Control Madery Public Colliserate |
| Official Seal | My Comm. Exp. Dec 9, 2005 |
| STATE OF ARIZONA, County of Man Cap A ss | i. |
| On January 21, 2004, personally appeared the above na | amed DONALD N. BURTON and acknowledged the |
| foregoing instrument to be his voluntary act and deed. | |
| | |
| Before me: Charles Carlo | |
| Notary Public for Arizona | OFFICIAL SEAL |
| My commission expires: 4.36.84 | CAPILA J. SANDS |
| | MANCOPA COUNTY |
| Before me: | CARLA J. SANDS NOTARY PUBLIC - ARZONA MANDOPA COUNTY MY CORRESE AND TO 2009 |

Dated January 13, 2004.

STANTE OF WASHINGTON

TYPE OR PRINT IN PERMANENT BLACK IN

072460

Health CERTIFICATE OF DEATH

07771

146

STATE FILE NUMBER

| | | | | | V=11111111 | | | | | | |
|---|--|--|------------------------------------|----------------------------|---|--------------------------|--|--|---------------------------------------|--|--|
| | 1. NAME | NAME First Middle | | | | Last | | 3. DEATH D | I DATE (Mo, Day, Yr) | | |
| | | Mary Eliza | | | abeth | th Burton | | | F 11/26/2000 | | |
| | 4. AGE LAST BIRTH- | AGE LAST BIRTH- 5. UNDER 1 YEAR : 6. UNDER 1 DAY | | 7. BIRTHDATE (Mo, Day, Yr) | 7. RISTHDATE 640, Day VII. 8. BISTHPLACE | | 9. WAS DECED | ENT EVER 13 | L COUNTY OF DEATH | | |
| | DAY (Yre) | MOS | DAYS HOURS | MMS | 3/3/1923 | Clovis | r Foreign Country) | IN U.S. ARM | | lason | |
| | 11. CITY, TOWN OR L | OCATION OF | DEATH | | | | | | | 13. SMOKING IN LAST | |
| | 11. GIT, IOMNORL | JOAN OR OF | DEATH | | 12. PLACE OF DEATH — ■ 8 1. ☐ HOME 2. ☐ IN TRANS | PORT 3. HEMERS | I. RMAOUT PTN 4. 🗌 HOSP. | S. CONUR HOME 6. 1 0 | THER PLACE | 15 YEARS? (Yes / N | |
| | Shelton | | | | Fir Lane He | alth an | d Rehabili | tation | l. | Yes | |
| | 14. MARITAL STATUS | - Marriari | 15 SURWW | NG RECURS | E (if wife, give maiden name) | arar ar | 16. SOCIAL SECURITY | | DECEDENT'S EDI | | |
| | Never married, Wi Divorced (Specify) | dowed, | | | | | | | (Specify only high | est grade completed) | |
| | | | 1 | | - | ľ | | Berr | entery/Secondary | (0-12) College (1-4 or 5+) | |
| | Widowed - | | | N/ | A | | 552-28-25 | | | <u> </u> | |
| | 18. UBUAL OCCUPAT | TON (Give kind | d of work done NOT USE RETIRED) | 19. IQNO | OF BUSINESS OR INDUSTRY | 20 | Was Decadent of Hispar Yes or No. If Yes, specify | nic origin or descent? (A v Cubert, Mexican, Puer | nosstry) (Sipucily to Ricen, etc.) | 21. RACE (Speelly) | |
| | Homemake | | • | Own | Home | 1 | (Yes / No) Specify | Ma | | White | |
| | | | | | | | | | -1 | <u> </u> | |
| | 22. REBIDENCE — N | UMBER AND | STREET | 23. | CITY/TOWN, OR LOCATION 3 | LIMITS? | SA. COUNTY | 25B. LENGTH C | | 27. ZIP CODE | |
| | 4500 E | Doncor | | | Chancator | (Ne / No) | Mason | 20yrs | . WA | 98546 | |
| | 1580 E. | | | <u> </u> | Grapeview | no | THE SUIT | | 7, | 30370 | |
| | 28. FATHERYS NAME | | ARE, LAST | | 4.4 | | | | ****** | | |
| | Emmett D | <u>un l ap</u> | | | | | nnie Stone | | | | |
| | BO. INFORMANT N | WHE | | | 31. WALING ADDRE | 3 88 3 114 | ET OR RFD NO. | CITY OR TOW | N . | STATE ZIP | |
| | Helan Bu | rton | | | Po. Box | 189 | | Keene | | CA 93531 | |
| > | SE BURIAL CREMAS REMOVAL, OTHER (8 | TION 33. | DATE (Mo, Day, Yr) | 34 | CENETETY/CREMATORY N | | | 36. LOCATION - | | | |
| | REMOVAL, OTHER (8 | pecify) | | nn ~ | McComb Cooper | -con-v | þ- | Shelte | n UA | | |
| | Crematio | | 11/28/20 | | McComb Cremat | LUI | · · · · · · · · · · · · · · · · · · · | 38. ADDRESS CI | | | |
| | 36. FUNERAL DIREC | TOR SIGNAL | PTE / | | 7 | | | | | | |
| | XVoet M | 7. ES | Bud | | McComb Funera | al Home | | Po. Box | 179, S | helton, WA 985 | |
| | | TO BE CO | MPLETED ONLY BY | CHART | NO PHYLICIAN | | TO BE COM | PLETED ONLY BY ME | MOAL EXAMINE | IR OR CONCHER | |
| | 39. TO THE DEST | OF MY K | NOWLEDGE, DE | TH OCCUP | PED AT THE TIME, DATE AND P | LACE 48. | ON THE BASIS OF EXAM | ATTON AND/OR IN | ESTIGATION, IN I | NY OPINION DEATH OCCURRED STATED. | |
| | | | E(S) STATED. | | | | | LACE AND WAS DUE T | O THE CAUCE(S) | SIAIED. | |
| | SIGNATURE 49 | #/Ø/ | Ments. | | 7 × | | NATURE AND TITLE | - | | | |
| | X/// | | | | 44 100 10 00 00 00 10 10 10 10 10 10 10 10 | X | DATE SIGNED (Mo. Day. | | | 45. HOUR OF DEATH (24 Hrs) | |
| | 40. DATE SIGNED (M | | 4 7 | | 41. HOUR OF DEATH (24 Hrs) | 44. | SALE GROWING (MIC, DIS), | "" | | THE PROPERTY OF THE PARTY OF TH | |
| , | 11/27/20 | | | | 1620 : | | | | | <u> </u> | |
| | 42. NAME AND TITU | E OF ATTEND | ING PHYSICIAN IF C | THER THA | N CERTIFIER (Type or Print) | 46. | PRONOUNCED DEAD (| Mo, Day, Yr) | | 47. HOUR PRONOUNCED DE (24 Hrs) | |
| | | 7 | | | | | | | | | |
| L | 43. NAME AND ADD | RESS OF CE | TITHER PHYSICA | W, MEDIC | N. BOAM OR CORCHER (Ty | pe or Print) | | - | | 49. ME/CORONER PILE NUM | |
| | Do Mant | Trace | soss 4 | 662 1 | l. 13th St., S | Shelton | MA 98584 | - | | | |
| Z | | | | | | | , mr 30304 | | | <u> </u> | |
| | | | DURRES, OR COA | m-LICATIC | ONE WHICH CAUSED THE D | EATH: | | | | INTERNAL BETWEEN ONSET | |
| | IMMEDIATE CAUSE (FI | | 1 1 | _ | Q 11 4 | 1 41 | . / | | | DEALH INTERNAL BETWEEN ONSELV | |
| | condition retailing in de | | A /C | cu | new Mes | axat | c lance | nosh | me | 16MO | |
| | DO NOT ENTER THE M DYING, SUCH AS CARD | | DUE TO, OR A | 8 & CONSE | next Met | 1 | NON- | - 7 | 3-18 | INTERVAL BETWEEN ONSET / | |
| | RESPIRATORY ARREST | T, SHOCK, OR | a Ar | iSU | a tune | Cal | L) Sura | Call 14 | ZG | 1 | |
| | HEART FAILURE, LIST | ONLY ONE | DUE TO, OR A | S (CONSE | QUENCE OF: | , | | | | INTERNAL BETWEEN ONSET | |
| | CAUSE ON EACH LINE. Sequentially list condition | | 1 | • | - | | | | | DEATH | |
| | leading to immediate ca | use. Enter | C. DUE TO, OR A | <u> </u> | ENCE OF | | | | | INTERVAL BETWEEN ONSET | |
| | UNDERLYING CAUSE (injury which initiated ev | | LOE 10, OHA | | DEVERVE OF: | | | | | DEATH | |
| | in death) LAST. | | D | | | | | | | <u> </u> | |
| | 61. OTHER SIGNIFIC | CANT CONDIT | TIONS — CONDITION | 8 CONTRI | BUTING TO DEATH BUT NOT RES | BULTING IN THE U | INDEPLYING CAUSE GIVE | EN ABOVE: 52. AUT | OPSY? 5: | 3. WAS CASE REFERRED TO MEDICAL EXAMINER OR | |
| | | | | | STA' | TE | | No | | CORONER? (Nes / No) NO | |
| | 54. ACC. SUICIDE, | HOM, UNDE | 56. INJURY D | ATE (Mo, D | | | RIBE HOW INJURY OCC | URRED: | | | |
| | OR PENDING IN | TVES I. (Specil | 277 | | | ** / | | | | | |
| | | | | | /Amagai | 2. | l | | | | |
| | 60 PAR 800 07 11 15 | - 1 · | D 014050531- | 2V _ 47 Lin | | 1 | DON STREET OR RFG | NO CHYMNE OF | ATF. | | |
| | 58. INJURY AT WOR (Yes / No) | mor ' | BLDG., ETC. (8p | ecity) | A CHORN | 产 | - or en | , 110, OI 1/101111, 81 | | | |
| | | | | | 100 | | | | | · · · · · · · · · · · · · · · · · · · | |
| _ | 61. RECORD AMEN | ENENT (Pag DOCUMENTA | letrar use only) RY REVIEWED II | v | DATE | . 27 | | | | 68. DATE RECEIVED (No. Day | |
| | , | EVIDENCE | 1927627627 | - | V&7 | | > | • | | OV:2 7 2000 | |
| | I | | | , | 1889 | A TOP OF | T . | | | 101 人 / / 1014 | |

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

07772

| | | | SUST BE ISSUED TO VALIDATE CHANGES. |
|---|--|--|---|
| NUMBER OF CENTIFICATES TO EE NUMBER | INITIALS D | ATE: | AFTIDAVIT NUMBER |
| STATE OFFICE USE ONL | Y | T | STATE OFFICE USE ONLY |
| Birth 🗓 Marriao | e 🗓 | 1 STATE F LE NUMBER | |
| The record of Death 🗵 Dissolu | tion 🗀 with | | for |
| , NAI/F | | 3. DATE OF EVENT | 4 PLACE OF EVENT (City and County) |
| :, FATHEP'S FULL NAME (FBirth) HUSBAND (If Marriage/Disso | (ution) | 6 MOTHER'S FUI L MAIDE |] N NAME (II Birth), WIFE (II Marnage/D ssolution) |
| THE RECORD IS INCORRECT OR INCOMPLET | TE AS FOLLOWS | ····· | |
| THE RECORD NOW SHOWS: | | THE TRUE FACT IS: | |
| | | | |
| 3 | | 10 | · |
| 11 | | 12. | |
| 13 | | 14 | . () |
| REPRESENT THE PERSON AS (E.G. SELF. PAR | ENT. GUARDIAN, ET | C.) SPECIFY 15 | |
| PHONE NUMBER | | | |
| DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW | | | NG IS TRUE AND CORRECT. |
| HAMD, 2, 9, | 17 DATE | 18 ADDRESS | |
| DCH 110-007 (Rev. 3.95) | | | |
| | ust be made by affida | cit. An item may be chang | ed by affidavit only once. Subsequent changes must b |
| name to be Mary Ann Due, Mary A. Due or M Proof must be five (or more) years old or esta Frampies of documents of proof: | nder 18), or the adult the fact(s). For example, A. Doe does not provoleshed within tive year | neniselves (if 18 or older) in the, if the atfidavit says the enthe name is Mary Ann D is of birth | e name is Mary Ann Doe, then the proof must show those |
| Consus Record Medica Hospital Records Multary Insurance Records Your C | te Record Record Record (DD-214) hild's Buth Record | Alien Registra Passport | ration Card (if it bears an effective date) ation Card (front and back) |
| documentary proof | changes will require a conname or father's sur- entitled copy of a court difference by a court difference by completing | ertified copy of a court or name (if present on the cer ordered imme change, Min g and signing an affidusit | deted name change if ficate nor a combination of the two nor spelling changes may be made with an affidavit an for correctal (until their child's 18th birthday). |
| Death Certificates | | 4 | |
| Only the actor rain, the funeral director, or e- incornetto-r | - 1 | | such position is presented) may change the non-medica |
| The medical information (cause of death) may Marriage/Dissolution (Divorce) Certificates | be changed only by the | ne attending physician or th | ne corones/medical examiner. |
| · | me date or alwayd | hirth or residences may b | e changed by affidavic plus proof by the person. So |
| description of procls in boths above. A personal factor and description of procls in boths above. A personal factor place of marriage or distributions. | n's own birth certificat | e is also acceptable proof- | |
| Please sene the proofes, and this form/certificate to: | | | |
| Attn Corrections Center for Health Statistics | | | MASON COUNTY DEPARTMENT OF HEALTH SERVICES |

1112 Quince Street South P. et, Box 9769 O'ympia WA 98507 9709

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

NOV 2 7 2000



STAJTE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE USE ORLY DETRICT

TYPE OR PRINT IN PERMANENT BLACK INK

072323



07773

| | FILE NUMBER | | C | ERTIFIC | CATE | OF DEATI | H | 146 | STATE FIL | LE NUMBER |
|--|-------------------------------------|-------------------------------|---------------------|----------------------|---|--|---------------------------------------|--|----------------------------------|--|
| 1. NAME | First | | Middle | | Last | | 2 SEX (M / I | 5) 3. [| DEATH DATE (M | o, Day, Yr) |
| | alter | | reston | | rton | | M | Au | ıg. 18, | 2000 |
| 4. AGE LAST BIRTH- DAY (Ym) | 5. UNDER 1 YEA | | MINS | THDATE (Mo, Day, Yr) | (City, State | or Foreign Country) | 9. WAS D | ARMED FORCE | R 10. COU | NTY OF DEATH |
| 79 | | | July | 6,1921 | | ahoma | (***/ | NO NO | Maso | |
| 1. CITY, TOWN OR I | LOCATION OF DEAT | н | 12. PU | HOME 2. IN TRANS | PORT 3. EMERG | THEN GIVE ADDRESS OR RM/OUT PTN 4. HOSP 5 | INISTITUTION N. . I MUR HOME 6 | AME . [] OTHER PLACE | | 13. SMOKIN 15 YEAR |
| Shelton | | | 15 | 80 E. Be | enson La | ake Rd | | 7 | | NO |
| 14. MARITAL STATUS Never married, Wi | dowed. | 15. SURVIVING | SPOUSE (If wile, gi | ve malden name) | · | 16. SOCIAL SECURITY I | NO. | 17. DECEDE (Specify o | NT'S EDUCATIO | XN e completed) |
| Divorced (Specify) | ' | | D | | | | 4 | Elementagy/Se | condary (0-12) | College |
| <u>Married</u> | DONA (Object blood of the | Mary | Dunlap | ESS OR INDUSTRY | | <u>559-28-00</u> | | 12 | | |
| 18. USUAL OCCUPA' during most of wor | tring file. DO NOT US | | | | | 20. Was Decement of Hispan Yes or No. If Yes, specify | Cuban, Mexica | int? (Ancestry) (8 1, Puerto Rican, i | specify 21. nc.) | RACE (Specify |
| Heavy Equ | uipment (| Oper. | | Departme | | (Yes / No) Specify | /: N | 0 | T N | /hite |
| 22. RESIDENCE — N | | | 23. CITY/TOW | N, OR LOCATION 2 | 4. INSIDE CITY LIMITS? | 25A. COUNTY | 258. LEN | GTH OF 26. | STATE | 27. ZIP CC |
| 4500 E I | Doncon I | aka Dd | I | eview | (Yes / No) | Macon | 17y | we | ach | 98 |
| 28. FATHER'S NAME | Benson La | | - CLUP | 0V10W | NO 29. | Mason OTHER'S NAME FIRST, | | | ash. | |
| Walter | P. Burto | n Sr. | | - # | A H | enrietta Hi | ggenbo | them | | |
| 30. INFORMANT N | | | ···· | 31. MAILING ADDRE | | REET OR RED NO. | | R TOWN | ST | ATE |
| Mary Bu | rton | | | 1580 E. | Benson | Lake Rd. | Gr | apevi | ~~ 1 | WA 9 |
| 32. BURIAL, CREMAT REMOVAL, OTHER (S | TION 33. DATE | (Mo, Day, Yr) | 34. CEMETE | RY/CREMATORY N | | Jano Hai | | TION - CITY/TO | | HA 9 |
| Crematio | | 21. <i>2</i> 00 | O McComi | Cremato | ry | 7 | She | lton. I | Wa. | |
| SO. FUNERAL DIREC | | | 37. NAME O | | 100 | | | | ₹703 W | Railr |
| XXm | ald 1 | wen | McCom | Funeral | Home | | Shell | | a. 9858 | |
| | | | RTIFYING PHYSI | CLAM | | TO BE COM | PLETED ONLY | | AMMER OF | |
| 39. TO THE BES | TOF MY KNOW O THE CAUSE(8) ST | LEDGE , DEATH ATED. | OCCUPRED AT T | HE TIME, DATE AND | PLACE 4 | 3. ON THE BASIS OF EXAM THE TIME, DATE AND PL | INATION AND/ ACE AND WAS | OR INVESTIGATION THE CO | ION, IN MY OPIN AUGE(8) STATE | HON DEATH O |
| SIGNATURE AND TIT | 11/1 | ni | 1 | | 8 | IGNATURE AND TITLE | 10 | | 1 | |
| 40. DATE SIGNED (I | | MIC | este | OF DEATH(24 HE) | \ | (DATE SIGNED (Mo., Day, | <u></u> | | T 12 - | |
| 08/21/2 | | 1 | | | ~> <u>"</u> | . DATE GROWED (MD., DRY, | " | | 46. 1 | HOUR OF DEA |
| 42. NAME AND TITLE | | YSICIAN IF OTHE | 18° | | 46 | PRONOUNCED DEAD (M | o., Day, Yri | | 47 1 | HOUR PRONO |
| _ | | W | | | | | | | | (24 Hrs.) |
| 48. NAME AND ADDI | RESS OF CERTIFIER | PHYSICIAN, M | EDICAL EXAMINE | R OR CORONER (Typ | e or Print) | | | | 49. 1 | ME/CORONER |
| Dr. Mar | k Trucks | ess. 23 | 7 Profe | sional W | lav 📑 | | - | | Ni | a# 015 |
| 50. ENTER THE D | | | | | | | | **** | 64.1 | u 013 |
| MMEDIATE CAUSE (FI | | | <u></u> | | 1, | | | 1 . | INTE | RVAL BETWE |
| condition resulting in dec | uth). | <u> </u> | Proba | bal | MyD | carlial | Iw | buch | w T | "mu |
| DO NOT ENTER THE MODYING, SUCH AS CAR | | | CONSEQUENCE O | | | | | | | RVAL BETWE |
| RESPIRATORY ARREST | T, SHOCK, OR B. | | 1+SH | ν | | | | | | 4rs |
| CAUSE ON EACH LINE Sequentially list conditio | . • | UE TO, OR AS A (| CONSÉQUENCE O | F: | | | | | DEA | MAL BETWE |
| leading to immediate car | use. Enter C. | WE TO CO | 00M0E01 #5:05 - | . | | | | | | |
| UNDERLYING CAUSE injury which initiated eve | ints resulting | UE TO, OR AS A (| CONSEQUENCE O | - · | | | | | DEA | RVAL BETWE |
| in death) LAST. | D. | - CONDITIONS C | ONTRIBLITING TO | DEATH BLIT MOT DES | THE CHAT IS | UNDERLYING CAUSE GIVE | ABOVE: 1 =0 | AUTOPSY? | | CASE PETER |
| THO | 2 n | ND N | C A | month | 1 | CHARLING CHOOL GIVE | . ~SUTE: 52 | (Yes / No) | MEDI CORC | CASE REFERE CAL EXAMINE ONER? (Yes / N |
| 54. ACC. SUICIDE, F OR PENDING IN | IOM., UNDET I 5 | 5. INJURY DATE | (Mo,Ony, Yr) | 50, (QU8 0E. NAME | 57.00 | CRIBE HOW INJURY OCCU | RRED: | No | | |
| OR PENDING IN | VEST. (Specify) | | | | | 1 | | | | |
| | | | | là la la c | | \$\ | | | | |
| 58. INJURY AT WOR | 1K? 59. PLAC | E OF INJURY — A | THOME, FARM, S | BE TO WAR | 7 | STREET OR RED | NO., CITY/TOW | N, STATE | | |
| (Yes / No) | BLDG | i, ETC. (Specify) | 1 | 3 | | <u> </u> | | | | |
| 61 RECORD AMEN | DMENT (Registrar use DOCUMENTARY | only) REVIEWED BY | DATE | 1 25 1 | | 7 | · · · · · · · · · · · · · · · · · · · | ·· ·· ·· · · · · · · · · · · · · · · · | 63. D | ATE RECEIVE |
| 11 CM | EVIDENCE | NEVIEWED BY | UAIE | 1 | | 3. Bush | | 1 | · | |
| | | | | 1 18 | 84/17 | 1. Music | 1111 | 47 | - i . A | \UG 2 |

"DOH:110-000 (Pay, 7/DGH-01-000-68/90050)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

| NUMBER OF CERTIFICATES FEE NUMBER | | ATE | MUST BE ISSUED TO VALIDATE CHANGES. AFFIDAVIT NUMBER |
|--|--|---|--|
| İ | | | |
| STATE OFFICE USE | ONLY | | STATE OFFICE USE ONLY |
| Birth 🗀 Mar | riage 🕽 | 1 STATE FILE NUMBER | _ |
| The record of Death 🗀 Diss | solution 🕽 with | | for |
| 5 LTZWIE | | 3 DATE OF EVENY | 4 PLAGE OF EVENT (City and County) |
| 5 FATHER'S FULL NAME 'If 3irth) HUSBAND (If Marnage | /Dissolution) | 6 MOTHER'S FULL MAID | EN NAME (It Birth), WIFE (If Marnage/Dissolution) |
| THE RECORD IS INCORRECT OR INCOM | PLETE AS FOLLOWS: | <u> </u> | |
| THE RECORD NOW SHOWS: | | THE TRUE FACT IS: | |
| 7 | | 8. | |
| <u> </u> | | 10 | |
| 11. | | 12 | |
| 13 | | 14 | . 1// |
| DECREASE THE DECION AS IF C. SELE. | DADENT CHARDIAN E | TO LOBECIEV 115 | |
| REPRESENT THE PERSON AS (E.G. SELF. | PARENT, GUARDIAN, E | IC.) SPECIFT | |
| PHONE NUMBER: | | | |
| DECLARE UNDER PENALTY OF PERJURY UNDER THE | LAWS OF THE STATE OF WAS | SHINGTON THAT THE FORGO | DING IS TRUE AND CORRECT |
| 16 SIGNATURE | 17 DATE | 18 ADDRESS | |
| DCH 110-007 (Rev. 3-99) | | 7 in Til | |
| All vital records are registered as received. Chang nade by court order. This certificate must be return | ges must be made by affida rned within one year of the | ivit. An item may be char date it was issued to recei | iged by affidavit only once. Subsequent changes must love a replacement copy free of charge. |
| Birth Certificates | × | | 4 |
| 1. All changes must be established by door 2. Only a parent, legal guardian (if the chile 3. The proof(s) must match exactly the ass mame to be Man Ann Doe Mary A. Doe 4. Proof must be five 10 more) years old or 6. Examples of documents of proof: | f is under 18), or the adult (erted true fact(s). For exam c or M.A. Doc does not pro | hemselves (if 18 or older) ple, if the affidavit says the verile name is Mary Ann | he name is Mary Ann Doe, then the proof must show the |
| Lysus Record M. Hospitot Records M. Jesurance Rocords You | arringe Record educal Record ilitary Record (DD-214) our Child's Birth Record | Alier Regist Passport | stration Card of it bears an effective date) tration Card (front and back) |
| This is a one time only change. Subseq The new surrame may be the mother's | iardian may change the cuent changes will require a maiden name or father's su | hild's surname with an a certified copy of a count mame (if present on the co | ordered name change. |
| documentary proof. | e a centified copy of a cour | t ordered hame change. V | The string transfer may be made with an amulayir a |

- Parents) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate, cuse the paternity affidavit form DOH (10-001)

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical ١.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

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

Pease send the proofts) and this form/certificate to:

Aun: Corrections Center for Health Statistics 12 Quinea Street South PO 805 0700 Oij a p.e. WA 98507-9709

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

AUG 29 2000