

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

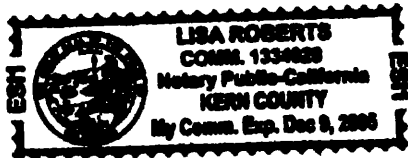
*David P. Burton*  
DAVID P. BURTON  
*Donald N. Burton*  
DONALD N. BURTON

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: *[Signature]*  
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: *[Signature]*  
Notary Public for Arizona  
My commission expires: 4-30-06



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT (BLACK) INK

**072460**  
LOCAL FILE NUMBER

## Health CERTIFICATE OF DEATH

**07771**  
146  
STATE FILE NUMBER

1. NAME First: <b>Mary</b> Middle: <b>Elizabeth</b> Last: <b>Burton</b>				2. SEX (M / F) <b>F</b>		3. DEATH DATE (Mo, Day, Yr) <b>11/26/2000</b>	
4. AGE LAST BIRTH-DAY (Yrs) <b>77</b>		5. UNDER 1 YEAR MOS:    DAYS:    HOURS:    MINS:		7. BIRTH-DATE (Mo, Day, Yr) <b>3/3/1923</b>		8. BIRTH-PLACE (City, State or Foreign Country) <b>Clovis, New Mexico</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Shelton</b>		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"/> NURS. HOME 6. <input type="checkbox"/> OTHER PLACE <b>Fir Lane Health and Rehabilitation</b>				13. COUNTY OF DEATH <b>Mason</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Widowed</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		16. SOCIAL SECURITY NO. <b>552-28-2597</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12):    College (1-4 or 5+): <b>2</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE — NUMBER AND STREET <b>1580 E. Benson Lk. Rd.</b>		23. CITY/TOWN, OR LOCATION <b>Grapeview</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>no</b>		25A. COUNTY <b>Mason</b>	
26. LENGTH OF RES. IN CO. <b>20yrs.</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98546</b>			
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Emmett Dunlap</b>				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Hannie Stone</b>			
30. INFORMANT — NAME <b>Helan Burton</b>				31. MAILING ADDRESS STREET OR RFD NO.    CITY OR TOWN    STATE    ZIP <b>Po. Box 189    Keene    CA    93531</b>			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>11/28/2000</b>		34. CEMETERY/CREMATORY — NAME <b>McComb Crematory</b>		35. LOCATION — CITY/TOWN, STATE <b>Shelton, WA</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>x Doct M. Edwards</i>		37. NAME OF FACILITY <b>McComb Funeral Home</b>		38. ADDRESS OF FACILITY <b>Po. Box 179, Shelton, WA 98584</b>			
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) <b>11/27/2000</b>			
41. HOUR OF DEATH (24 Hrs) <b>1620</b>				42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Mark Trucksess, 1663 N. 13th St., Shelton, WA 98584</b>			
43. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)				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 <b>X</b>			
45. DATE SIGNED (Mo, Day, Yr)				46. HOUR OF DEATH (24 Hrs)			
47. PRONOUNCED DEAD (Mo, Day, Yr)				48. HOUR PRONOUNCED DEAD (24 Hrs)			
49. ME/CORONER FILE NUMBER				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. <b>Recurrent Metastatic Cancer of Lung</b> DUE TO, OR AS A CONSEQUENCE OF: B. <b>Original Lung Ca @ Small Cell 1986</b> DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D.					
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:		52. AUTOPSY? (Yes / No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>			
54. ACC. SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. DESCRIBE HOW INJURY OCCURRED:			
57. INJURY AT WORK? (Yes / No)		58. PLACE OF INJURY — AT HOME, PUBLIC BLDG., ETC. (Specify)		59. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
60. RECORD AMENDMENT (Registrar use only) ITEM    DOCUMENTARY EVIDENCE    REVIEWED BY    DATE		61. DATE RECEIVED (Mo, Day, Yr) <b>NOV 27 2000</b>		62. SIGNATURE OF REGISTRAR <i>M.E. Trucksess</i>			



# 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	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
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	

DOH 110-007 (Rev. 3/99)

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

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or established within five years of birth.
- 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
- 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.
- 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. (use the paternity affidavit - form DOH 110-001)

## Death Certificates

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

## Marriage/Dissolution (Divorce) Certificates

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

HH219179

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE  
USE  
ONLY

DISTRICT  
**D-1**

COPIES  
**12**

HOSPITAL

OCCURRENCE

RESIDENCE

TRACT

OCCUPATION

TYPE OR PRINT IN PERMANENT BLACK INK

**072323**  
LOCAL FILE NUMBER

## Health CERTIFICATE OF DEATH

146

**07773**  
STATE FILE NUMBER

1. NAME First: <b>Walter</b> Middle: <b>Preston</b> Last: <b>Burton</b>				2. SEX (M / F) <b>M</b>		3. DEATH DATE (Mo, Day, Yr) <b>Aug. 18, 2000</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>79</b>		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		6. BIRTHDATE (Mo, Day, Yr) <b>July 6, 1921</b>		7. BIRTHPLACE (City, State or Foreign Country) <b>Oklahoma</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Shelton</b>				12. PLACE OF DEATH — 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"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>1580 E. Benson Lake Rd</b>		13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>NO</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Mary Dunlap</b>		16. SOCIAL SECURITY NO. <b>559-28-0088</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>12</b> College (1-4 or 5+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Heavy Equipment Oper.</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Highway Department</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE — NUMBER AND STREET <b>1580 E. Benson Lake Rd.</b>		23. CITY/TOWN, OR LOCATION <b>Grapeview</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		25A. COUNTY <b>Mason</b>	
				25B. LENGTH OF RES. IN CO. <b>17yrs.</b>		26. STATE <b>Wash.</b>	
						27. ZIP CODE <b>98546</b>	

28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Walter P. Burton Sr.</b>		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Henrietta Higgenbotham</b>	
30. INFORMANT — NAME <b>Mary Burton</b>		31. MAILING ADDRESS STREET OR RFD NO. <b>1580 E. Benson Lake Rd.</b> CITY OR TOWN <b>Grapeview</b> STATE <b>WA</b> ZIP <b>98546</b>	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>Aug 21, 2000</b>	
34. CEMETERY/CREMATORY — NAME <b>McComb Crematory</b>		35. LOCATION — CITY/TOWN, STATE <b>Shelton, Wa.</b>	
36. FUNERAL DIRECTOR SIGNATURE <b>X Ronald L. Luman</b>		37. NAME OF FACILITY <b>McComb Funeral Home</b>	
		38. ADDRESS OF FACILITY <b>703 W Railroad Shelton, Wa. 98584</b>	

<p>TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN</p> <p>39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.</p> <p>SIGNATURE AND TITLE <b>X [Signature]</b></p> <p>40. DATE SIGNED (Mo., Day, Yr) <b>08/21/2000</b></p> <p>41. HOUR OF DEATH (24 Hrs.) <b>1815</b></p> <p>42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Mark Trucksess, 237 Professional Way</b></p>		<p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER</p> <p>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.</p> <p>SIGNATURE AND TITLE <b>X [Signature]</b></p> <p>44. DATE SIGNED (Mo., Day, Yr)</p> <p>45. HOUR OF DEATH (24 Hrs.)</p> <p>46. PRONOUNCED DEAD (Mo., Day, Yr)</p> <p>47. HOUR PRONOUNCED DEAD (24 Hrs.)</p> <p>48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Dr. Mark Trucksess, 237 Professional Way</b></p> <p>49. ME/CORONER FILE NUMBER <b>Nja# 0155-00</b></p>	
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50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death).</p> <p>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.</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><b>Probabal Myocardial Infarction</b> <b>immed.</b></p> <p><b>ASHD</b> <b>4hrs</b></p>	
<p>A. DUE TO, OR AS A CONSEQUENCE OF:</p> <p>B. DUE TO, OR AS A CONSEQUENCE OF:</p> <p>C. DUE TO, OR AS A CONSEQUENCE OF:</p> <p>D. DUE TO, OR AS A CONSEQUENCE OF:</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>INTERVAL BETWEEN ONSET AND DEATH</p>	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: <b>IHSS COPD CA Prostata</b>		52. AUTOPSY? (Yes / No) <b>No</b>	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>			
54. ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr)	
56. INJURY AT WORK? (Yes / No)		57. PLACE OF INJURY — AT HOME, FARM, STREET, OR OFFICE (Specify)	
58. INJURY AT WORK? (Yes / No)		59. 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) <b>AUG 21 2000</b>	
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# 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
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with _____ for _____			1 STATE FILE NUMBER _____	
2 NAME _____			4 PLACE OF EVENT (City and County) _____	
3 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)

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 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.  
 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 DCH 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 proof(s) and this form/certificate to:

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

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



AUG 29 2000

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

HH219290