

**CERTIFIED COPY OF DEATH CERTIFICATE**  
**125399**

TYPE OR PRINT IN PERMANENT BLACK INK



**BOOK 167 PAGE 342**  
**146**

LOCAL FILE NUMBER  
**8521**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER

1. NAME First: <b>ROBERT</b> Middle: <b>GENE</b> Last: <b>ESTEY</b>			2. SEX (M / F) <b>M</b>	3. DEATH DATE (Mo, Day, Yr) <b>SEPTEMBER 13, 1995</b>
4. AGE LAST BIRTHDAY (Yrs) <b>60</b>	5. UNDER 1 YEAR MOB: <b>0</b> DAYS: <b>0</b> HOURS: <b>0</b> MINS: <b>0</b>	6. BIRTH DATE (Mo, Day, Yr) <b>June 1, 1935</b>	7. BIRTH PLACE (City, State or Foreign Country) <b>Starkville, N.Y.</b>	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>
9. CITY, TOWN OR LOCATION OF DEATH <b>SEATTLE</b>		10. PLACE OF DEATH - 00 BOX FOR PLACE THEN GIVE ADDRESS OR IN TITUTION NAME 1 (1) HOME 2 (2) IN TRANSIT 3 (3) EMERG (EMERGENCY) 4 (4) HOSP 5 (5) NURS HOME 6 (6) OTHER PLACE <b>UNIVERSITY OF WASHINGTON MEDICAL CENTER</b>		11. SPOKING IN LAST 15 YEARS? (Y/N/No) <b>No</b>
12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		13. SURVIVING SPOUSE (If wife, give maiden name) <b>Thelma J. Howe</b>		14. SOCIAL SECURITY NO. <b>539-36-4822</b>
15. USUAL OCCUPATION (One kind of work done during most of working life. DO NOT USE RETIRED) <b>Road Supervisor</b>		16. KIND OF BUSINESS OR INDUSTRY <b>County Road Dept.</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (5-12) <b>12</b> College (13-16) <b>12</b>
18. RESIDENCE - NUMBER AND STREET <b>132 Estey Rd.</b>		19. CITY/TOWN, OR LOCATION <b>Underwood</b>		20. ZIP CODE <b>98651</b>
21. FATHER'S NAME - FIRST, MIDDLE, LAST <b>Howard R. Estey</b>		22. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME <b>Vera H. Call</b>		
23. INFORMANT - NAME <b>Thelma J. Estey</b>		24. MAILING ADDRESS <b>132 Estey Rd., Underwood, Washington 98651</b>		
25. BURIAL, CREMATION, OR OTHER (Specify) <b>Cremation</b>		26. DATE (Mo, Day, Yr) <b>Sept. 18, 1995</b>		27. CEMETERY, CREMATORY, OR OTHER <b>Uniservice Crematory</b>
28. SIGNATURE OF DIRECTOR <i>[Signature]</i>		29. NAME OF FACILITY <b>Sealtz Funeral Home-316 Florentia St., Seattle, WA 98109</b>		
30. 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 <b>X Kevin D. O'Brien MD</b>				
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177. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>A. CARDIOGENIC SHOCK</b> DUE TO, OR AS A CONSEQUENCE OF <b>B. MITRAL VALVE REPLACEMENT</b> DUE TO, OR AS A CONSEQUENCE OF <b>C. RHEUMATIC HEART DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF <b>D. SEPSIS, HEPATIC FAILURE, RENAL FAILURE</b>				
178. DATE SIGNED (Mo, Day, Yr) <b>1258</b>				
179. DATE SIGNED (Mo, Day, Yr) <b>1258</b>				
180. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>KEVIN D O'BRIEN MD 1959 PACIFIC NE SEATTLE WA 98195</b>				
181. PHONED DEAD (Mo, Day, Yr) <b>1258</b>				
182. HOUR OF DEATH (24 Hrs) <b>1258</b>				
183. HOUR OF DEATH (24 Hrs) <b>1258</b>				
184. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>KEVIN D O'BRIEN MD 1959 PACIFIC NE SEATTLE WA 98195</b>				
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192. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>KEVIN D O'BRIEN MD 1959 PACIFIC NE SEATTLE WA 98195</b>				
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199. HOUR OF DEATH (24 Hrs) <b>1258</b>				
200. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>KEVIN D O'BRIEN MD 1959 PACIFIC NE SEATTLE</b>				

# USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

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

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THIS RECORD NOW SHOWS:

THE TRUE FACT IS:

BOOK 757 PAGE 543

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY

PHONE NUMBER:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

SIGNATURE

DATE

ADDRESS

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.

## Birth Certificates

- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- All changes must be established by documentary proof submitted with the affidavit.
- 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.
- The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
- Examples of acceptable documents of proof:
 

Baptismal Certificate	Marriage Record	School Record
U.S. Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	
- Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
- Parents may change their child's given name with only their signature until the child's 18th birthday.

## Death Certificate

- 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.
- Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

## 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.
- 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  
1112 Quince Street South  
P.O. Box 9709  
Olympia, WA 98507-9709

18096

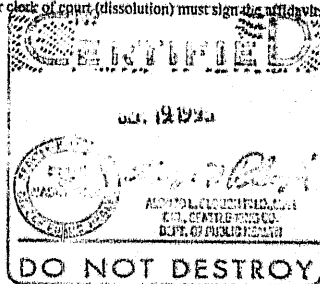
REAL ESTATE EXCISE TAX

JUN 4 1996

PAID

*Example*

SKAMANIA COUNTY TREASURER



00360108