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BOOK 248 PAGE 705

## RETURN ADDRESS:

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FILED IN RECORD  
SPACED WASH.

BY Robert Weisfield

Aug 21 10 45 AM '03

G. Lawry

J. MICHAEL DIVISON

Please Print or Type Information.

## Document Title(s) or transactions contained therein:

1. Certificate of Death
- 2.
- 3.
- 4.

## GRANTOR(S) (Last name, first, then first name and initials)

1. Houston, Lyola E.
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_\_ of document.

## GRANTEE(S) (Last name, first, then first name and initials)

1. Public
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_\_ of document.

## LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

☐ Additional Names on page \_\_\_\_\_ of document.

## REFERENCE NUMBER(S) Of Documents assigned or released:

☐ Additional Names on page \_\_\_\_\_ of document.

## ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-10-23-2-200

3-10-23-2-2-800

☐ Property Tax Parcel ID is not yet assigned.

FHM 8-21-03

☐ Additional Names on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



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## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1160  
LOCAL FILE NUMBER

OFFICE  
USE  
ONLY

3. CODE  
12

4. HOSPITAL

5. OCCURRENCE

6. RESIDENCE

7. TRACT

8. OCCUPATION

9. A

10. A

11. A

12. A

13. A

14. A

15. A

16. A

17. A

18. A

19. A

20. A

21. A

22. A

23. A

24. A

25. A

26. A

27. A

28. A

29. A

30. A

1. NAME First: <b>Lyola</b> Middle: <b>Elnora</b> Last: <b>HOUSTON</b>		2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo, Day, Yr) <b>July 3, 2003</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>95</b>		5. UNDER 1 YEAR MO: <b>0</b> DAYS: <b>0</b> HRS: <b>0</b> MINS: <b>0</b>		6. BIRTHDATE (Mo, Day, Yr) <b>2/23/1908</b>	
7. BIRTHPLACE (City, State or Foreign Country) <b>Ravenna, Michigan</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>No</b>		9. COUNTY OF DEATH <b>Clark</b>	
10. CITY, TOWN, OR LOCATION OF DEATH <b>Vancouver</b>		11. PLACE OF DEATH — IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>Gentle Care Center</b>		12. SMOKING IN LAST 15 YEARS? (Yes/No) <b>No</b>	
13. MARITAL STATUS — Married, (widowed, divorced, widowed) <b>Widowed</b>		14. SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>		15. SOCIAL SECURITY NO. <b>543-28-7777</b>	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		17. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		18. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (0-12) College (1-4 or 5+)</b>	
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		20. Was Decedent of Hispanic origin or descent? (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>81 Davison Road</b>		23. CITY/TOWN, OR LOCATION <b>Underwood</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>No</b>	
25. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Fred W. Wise</b>		26. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Blanche Sturtevant</b>		27. ZIP CODE <b>98651</b>	
28. INFORMANT — NAME <b>Jerry Barber</b>		29. MAILING ADDRESS <b>14513 SE 27th Circle Vancouver, WA 98633</b>		30. STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>Underwood, Washington</b>	
31. BIRTH DATE (Mo, Day, Yr) <b>7/9/2003</b>		32. CEMETERY/CREMATORIUM — NAME <b>Chris Zada Cemetery</b>		33. LOCATION — CITY/TOWN, STATE <b>Underwood, Washington</b>	
34. FUNERAL DIRECTOR — NAME <b>Gardner Funeral Home</b>		35. NAME OF FACILITY <b>White Salmon, Washington</b>		36. ADDRESS OF FACILITY <b>POB 390</b>	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED.					
38. SIGNATURE AND TITLE <i>[Signature]</i> <b>MD</b>					
39. DATE SIGNED (Mo., Day, Yr) <b>1945</b>					
40. HOUR OF DEATH (24 Hrs.) <b>1945</b>					
41. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Gregory Saunders, M.D. 16811 SE McGillivray Blvd. Vancouver, WA 98683</b>					
42. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>A. Pancreatitis</b>					
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Enter EARLY CAUSE (Disease or injury which initiated events resulting in death) LAST.					
B. DUE TO, OR AS A CONSEQUENCE OF:					
C. DUE TO, OR AS A CONSEQUENCE OF:					
D. DUE TO, OR AS A CONSEQUENCE OF:					
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: <b>CVA, severe, HTN, Diabetes, Arteriosclerosis, Osteoporosis</b>					
52. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) <b>No</b>		53. INJURY DATE (Mo, Day, Yr) <b>No</b>		54. MECHANISM OF INJURY (If 52, describe how injury occurred) <b>No</b>	
55. INJURY AT WORK? (Yes/No) <b>No</b>		56. PLACE OF INJURY — AT HOME, FARM, ETC. (Specify) <b>No</b>		57. STREET OR RFD NO., CITY/TOWN, STATE <b>No</b>	
58. RECORD AMENDMENT (Regulation use only) ITEM: <b>DOCUMENTARY EVIDENCE</b>		59. REVIEWED BY <b>R. Steingart, MD</b>		60. DATE RECEIVED (Mo., Day, Yr) <b>JUL 08 2003</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH-110-006 (Rev. 7/90) (Printed on Recycled Paper)

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





BOOK 248 PAGE 707

## Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

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

## STATE OFFICE USE ONLY

State File Number \_\_\_\_\_ Fee Number \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Affidavit Number \_\_\_\_\_

Use the section below for requesting any change(s) 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): (Must end for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full 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 law of the State of Washington that the foregoing is true and correct.

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

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

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

Examples of documentary proof: Certificate of Naturalization Medical Record School Record  
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
Insurance Records Birth Record Alien Registration Card (front and back)  
Marriage/Divorce Records Passport

## Birth Certificates:

- 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 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) 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 DOK/CHS 021)

## Death Certificates:

- Only the informant, the funeral director, or executor/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 certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred.

## Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (if for spelling changes in name, date or place of birth or residence) may be changed by affidavit.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/C115 023 (Rev. 11/2002)

**CERTIFIED**

JUL 08 2003

Karen R. Steingart, MD  
Dr. Karen Steingart  
Health Officer  
Clark County Health Dept.

KK00165825