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BOOK 213 PAGE 212

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

AUG 6 3 58 PM '01
Lawny
AUDITOR
GARY M. OLSON

AFTER RECORDING RETURN TO:

Name: Richard R. Brockman~Michael
Address: 2618 Connie Drive
City/State: Sacramento CA 95815

Document Title(s): (or transactions contained therein)
1. Death Certificate
2.
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)
1. Brockman, Norma Greer
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
21682
AUG - 6 2001
PAID exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. ~~The Public~~ BRUCKMAN - Michael, Richard R.
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel/Account Number(s):

Gary H. Martin, Skamania County Assessor
Date 8/6/01 Parcel # 03-8-29-1-1-2500, 2300

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

BOOK 213 PAGE 213

23 LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

3 27997

1. NAME (First, Middle, Last): NORMA GREER BROCKMAN			2. SEX (M / F): FEMALE	3. DEATH DATE (Mo, Day, Yr.): JULY 22, 1993
4. AGE LAST BIRTHDAY (Yrs): 70	5. UNDER 1 YEAR: MOS. DAYS	6. UNDER 1 DAY: HOURS MINS	7. BIRTHDATE (Mo, Day, Yr.): APR 23, 1923	8. BIRTHPLACE (City, State or Foreign Country): CARSON, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO	10. COUNTY OF DEATH: SKAMANIA
11. CITY, TOWN OR LOCATION OF DEATH: CARSON			12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: X 1 HOME 2 IN TRANSPORT 3 EMERG. ROOM/OUT PTN 4 HOSP 5 NURSING HOME 6 OTHER PLACE: BOX 323 2ND STREET		13. SMOKING IN LAST 15 YEARS? (Yes / No): YES
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED	15. SURVIVING SPOUSE (If wife, give maiden name): RAY A. BROCKMAN		16. SOCIAL SECURITY NO: 533-16-6560	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+):
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: BOX 323 2ND ST	23. CITY/TOWN, OR LOCATION: CARSON	24. INSIDE CITY LIMITS? (Yes / No): NO	25A. COUNTY: SKAMANIA	25B. LENGTH OF RES. IN CO.: 70 YRS	26. STATE: WA	27. ZIP CODE: 98610
28. FATHER'S NAME—FIRST, MIDDLE, LAST: HAROLD D. GORDON			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: ETHEL H. GREER			
30. INFORMANT—NAME: RICHARD B. MICHAEL	31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 2421 CLAY ST #13 SACRAMENTO CA 95815					
32. BURIAL, CREMATION, REMOVAL (Specify): CREMATION	33. DATE (Mo, Day, Yr.): 7/23/93	34. CEMETERY/CREMATORY—NAME: WIN-QUATT CREMATORY		35. LOCATION—CITY/TOWN, STATE: THE DALLES, OR		
36. FUNERAL DIRECTOR SIGNATURE: X		37. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672		

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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

40. DATE SIGNED (Mo., Day, Yr.)

41. HOUR OF DEATH (24 Hrs.)

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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] County Coroner

44. DATE SIGNED (Mo., Day, Yr.): August 9, 1993

45. HOUR OF DEATH (24 Hrs.): 2030

46. PRONOUNCED DEAD (Mo., Day, Yr.): July 22, 1993

47. HOUR PRONOUNCED DEAD (24 Hrs.): 2300

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA 93-042SK

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)
A. Terminal Cancer (Intestines/Stomach/Liver) — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.
DUE TO, OR AS A CONSEQUENCE OF:
B. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
C. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
D. — INTERVAL BETWEEN ONSET AND 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.

51. 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): Yes

54. ACC. SUICIDE, HOM., 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, FACTORY, OFFICE BLDG, ETC (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only): ITEM | INCORRECT | CORRECT | EVIDENCE | REVIEWED BY | DATE

62. REGISTRAR SIGNATURE: X [signature] Aug 9 mcd

63. DATE RECEIVED (Mo., Day, Yr.): Aug 9,1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5 99)

AFFIDAVIT FOR CORRECTION BOOK 213 PAGE 214.

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

The record of Birth ☐ Marriage ☐ Dissolution ☐ with Death ☐

STATE OFFICE USE ONLY

1. STATE FILE 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

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. 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).
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 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

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

CERTIFIED
Teresa Jennings
TERESA JENNINGS
STATE REGISTRAR
OF VITAL RECORDS
DO NOT DESTROY

JUL 19 2001

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