141921

BOOK 213 PAGE 215

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

AUG 6 4 19 PM '01

P Lawry
AUDITOR
GARY H. 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, Raymond Avery
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. ~~The Public~~ Brockman - 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 # 3-8-29-1-1-2800 ,2900

REAL ESTATE EXCISE TAX
2183
AUG - 6 2001
PAID Exempt
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

1846
LOCAL FILE NUMBER

Health

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CERTIFICATE OF DEATH

1468 40015
STATE FILE NUMBER

1 NAME: First	Middle	Last	2 SEX (M / F)	3 DEATH DATE (Mo. Day. Yr.)
Raymond	Avery	BROCKMAN	Male	November 24, 1998

4 AGE LAST BIRTHDAY (Yrs)	5 UNDER 1 YEAR: MOS / DAYS	6 UNDER 1 DAY: HOURS / MINS	7 BIRTHDATE (Mo. Day. Yr.)	8 BIRTHPLACE (City, State or Foreign Country)	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10 COUNTY OF DEATH
75			5/16/1923	Unk	No	Clark

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH—BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP XX NURSING HOME 5 ☐ OTHER PLACE	13 SMOKING IN LAST 15 YEARS? (Yes / No)
Camas	Highland Terrace Nursing Center	No

14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15 SURVIVING SPOUSE (If wife give maiden name)	16 SOCIAL SECURITY NO	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12)	College (1-4 or 5+)
Widowed		535-14-2581	12	

18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19 KIND OF BUSINESS OR INDUSTRY	20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21 RACE (Specify)
Logger	Timber	No	White

22 RESIDENCE—NUMBER AND STREET	23 CITY/TOWN OR LOCATION	24 INSIDE CITY LIMITS? (Yes / No)	25A COUNTY	25B LENGTH OF RES IN CO	26 STATE	27 ZIP CODE
2nd St. #41	Carson	Yes	Skamania	75 Yrs	WA	98610

28 FATHER'S NAME—FIRST, MIDDLE, LAST	29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Earl Brockman	Unk

30 INFORMANT—NAME	31 MAILING ADDRESS: STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Richard Brockman	2618 Connie Dr.	Sacramento	CA	95815

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo. Day. Yr.)	34 CEMETERY/CREMATORY—NAME	35 LOCATION—CITY/TOWN & STATE
Cremation	11/25/1998	Portland Cremation Center	Portland, Oregon

36 FUNERAL DIRECTOR SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY
X [signature]	STRAUB'S FUNERAL HOME	325 NE 3rd Ave Camas, WA 98607

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 [signature]

40 DATE SIGNED (Mo., Day, Yr.): 11-25-98
41 HOUR OF DEATH (24 Hrs.): 0715
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
44 DATE SIGNED (Mo., Day, Yr.)
45 HOUR OF DEATH (24 Hrs.)
46 PRONOUNCED DEAD (Mo., Day, Yr.)
47 HOUR PRONOUNCED DEAD (24 Hrs.)
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Timothy Ross, M.D. 715 S. Andreson, Vancouver, WA 98661
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.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Complications of acute urosepsis	7 days
	DUE TO, OR AS A CONSEQUENCE OF:	
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)	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Atherosclerotic cardiovascular disease	No	No

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 / INCONSISTENT EVIDENCE / REVIEWED BY / DATE	62 REGISTRAR'S SIGNATURE: X [signature]	63 DATE RECEIVED (Mo., Day, Yr.): NOV 25 1998

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 217

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 ☐ Death ☐ Dissolution ☐ with

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)

STATE OFFICE USE ONLY

1. STATE FILE NUMBER

for

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 FOREGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS

DOH 110-007 (Rev. 3/96)

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
STATE REGISTRAR
OF VITAL RECORDS
DO NOT DESTROY

JUL 19 2001

II00163109