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BOOK 248 PAGE 705

Robert Weisfield

O'Leary

RETURN ADDRESS:

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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.
[ ] Additional Names on page _____ of document.

8-21-03

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.

Health

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CERTIFICATE OF DEATH

OFFICE USE ONLY

Local file number: 1160

State file number: 146

Copies: 12

Decedent

Field	Entry
1. Name (First, Middle, Last)	Lyola Elnora HOUSTON
2. Sex (M/F)	Female
3. Death date (Mo, Day, Yr)	July 3, 2003
4. Age last birthday (Yrs)	95
7. Birthdate (Mo, Day, Yr)	2/23/1908
8. Birthplace (City, State or Foreign Country)	Ravenna, Michigan
9. Was decedent ever in U.S. Armed Forces? (Yes/No)	No
10. County of death	Clark
11. City, town or location of death	Vancouver
12. Place of death	Gentle Care Center
13. Smoking in last 15 years? (Yes/No)	No
14. Marital status	Widowed
15. Surviving spouse	
16. Social Security No.	[redacted]
17. Decedent's education (Elementary/Secondary 0-12)	12
18. Usual occupation	Homemaker
19. Kind of business or industry	Own Home
20. Was decedent of Hispanic origin or descent? (Yes/No)	No
21. Race	White
22. Residence — number and street	81 Davison Road
23. City, town or location	Underwood
24. Inside city limits? (Yes/No)	No
25A. County	Skamania
25B. Length of res in co	50yrs
26. State	WA
27. Zip code	98651

Parents

Field	Entry
28. Father's name — First, Middle, Last	Fred E. Wise
29. Mother's name — First, Middle, Maiden Surname	Blanche Sturtevant
30. Informant — Name	Jerry Barber
31. Mailing address	14513 SE 27th Circle Vancouver, WA 98683

Disposition

Field	Entry
32. Burial, cremation, removal, other (Specify)	Burial
33. Date (Mo, Day, Yr)	7/9/2003
34. Cemetery, crematory — Name	Chris Zada Cemetery
35. Location — City/Town, State	Underwood, Washington
36. Funeral director signature	X [signature]
37. Name of facility	Gardner Funeral Home
38. Address of facility	POB 390 White Salmon, Washington

Certifier

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] MD

41. Hour of death (24 hrs): 1945

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

48. Name and address of certifier: Gregory Saunders, M.D. 16811 SE McGillivray Blvd. Vancouver, WA 98683

Cause of Death

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

Immediate cause (a): Pancreatitis

51. Other significant conditions: CVA, severe, HTN, Dementia, Anxiety, Osteoporosis

52. Autopsy? (Yes/No)	53. Was case referred to medical examiner or coroner? (Yes/No)
No	No

62. Registrar signature: X [signature] R Stangant, MD

63. Date received: JUL 08 2003

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

Health

Affidavit for Correction

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

STATE OFFICE USE ONLY

Use the section below for requesting any changes 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 · 5. Mother's Full Name (For Birth. Wife for Marriage or Dissolution)

The Record is Incorrect ...

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 laws of the State of Washington that the forgoing 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, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

Birth Certificates:

1. Only a parent/legal guardian of the child is under 18, or the adult (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executor/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 certifying physician or the coroner/medical examiner.
3. 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:

1. Personal fact(s) (minor spelling changes in name, date or place of birth of the parties) may be changed by affidavit ...
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH CHS 023 (Rev 9/2002)

CERTIFIED

JUL 0 8 2003

Karen R. Steingart, MD

Dr. Karen Steingart
Health Officer
Clark County Health Dept.

KK00165825