

Return Address:

Delbert Green
41 TWO RIVER RD
UNDERWOOD, WA 98651

Document Title(s) or transactions contained herein: <u>Death Certificate</u>	
GRANTOR(S) (Last name, first name, middle initial) <u>Green, James Carl</u>	REAL ESTATE EXCISE TAX <u>N/A</u> FEB 23 2004
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) <u>Public, The</u>	PAID <u>See Excise #13959 DTD 10-31-90</u> <u>Vicki Clelland Deputis</u> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER <u>03-09-11-3-6-0400-00</u> <u>2-23-04</u> <u>afm</u>	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers 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

TYPE OR PRINT IN PERMANENT BLACK INK



32

LOCAL FILE NUMBER

146

STATE FILE NUMBER

CERTIFICATE OF DEATH

1. NAME First: James Middle: Carl Last: GREEN				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) November 19, 2003	
4. AGE LAST BIRTHDAY (Yrs) 95		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 9/8/1908		8. BIRTHPLACE (City, State or Foreign Country) Fairport, Kansas	
11. CITY, TOWN OR LOCATION OF DEATH Cook				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 1101 Jessup Road			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logging		19. KIND OF BUSINESS OR INDUSTRY Timber		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 1101 Jessup Road		23. CITY/TOWN, OR LOCATION Cook		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania	
25B. LENGTH OF RES. IN CO 55yrs		26. STATE WA		27. ZIP CODE 98605			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Thomas Marsh Green				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Carrie Maggie Garrett			
30. INFORMANT—NAME Barbara Schwab		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 41 Schwab Road Cook, WA 98605					
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 11/22/2003		34. CEMETERY/CREMATORY—NAME Chris Zada Cemetery		35. LOCATION—CITY/TOWN, STATE Underwood, Washington	
36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY Gardner Funeral Home		38. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 [Signature] M.D.				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 [Signature]			
40. DATE SIGNED (Mo, Day, Yr) 11-19-03		41. HOUR OF DEATH (24 Hrs) 0500		44. DATE SIGNED (Mo, Day, Yr) [Signature]		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) Gary Regalbuto, MD 1410 May Street Hood River, OR 97031				49. MEDICORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. Unknown Natural Causes				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.		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
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 OF INJURY—RFD NO. CITY/TOWN, STATE			
61. RECORD AMENDMENT: (Registrar Use Only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE [Signature]		63. DATE RECEIVED (Mo, Day, Yr) 11/20/2003			



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DOC # 2004152073

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DQH NO. 003 (Rev. 7/91) (Formerly DSH 101-003 (5/90))

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

AFFIDAVIT FOR CORRECTION

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			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			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	

DCH 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

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- 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
- 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.
- 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 DOH 110-001)

Death Certificates

- 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 certifying physician or the coroner/medical examiner.

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. A person's own birth certificate is also acceptable proof.
- 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 Quincee Street South
P.O. Box 9709
Olympia, WA 98507-9709

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

CERTIFIED

NOV 21 2003

Karen R. Steingart, MD
Dr. Karen Steingart
Health Officer
Skamania Co. Health Dept.

JJ00405810

MC # 2004152073
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