

Doc # 2006161031  
Page 1 of 4  
Date: 03/30/2006 03:26P  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$35.00

**AFTER RECORDING MAIL TO:**

Name Clarence Barnes  
Address 261 Erickson Road  
City / State Stevenson, WA 98648

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

1. Washington State Certificate of Death
- 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. Olive Faye Barnes
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

**Grantee(s):** (Last name first, then first name and initials)

1. Clarence Barnes
- 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)

SEC 26 T3N R8E

☐ Complete legal description is on page 3 of document

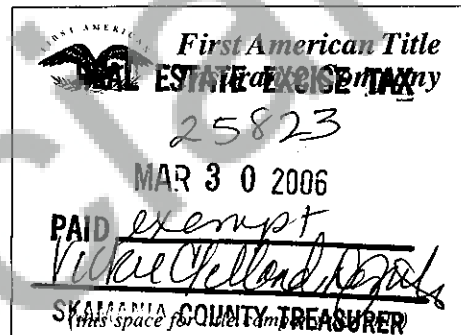
**Assessor's Property Tax Parcel / Account Number(s):** 03-08-26-0-0-1700-00

Gary H. Martin, Skamania County Assessor

Date 3/30/06 Parcel # \_\_\_\_\_

WA-1

**NOTE:** The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



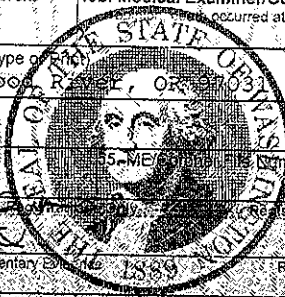
# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Washington State Certificate of Death

Part 1 completed by Funeral Director

Part 2 completed by Certifier

1. Legal Name (include AKA's if any) First: <b>Olive</b> Middle: <b>Faye</b> Last: <b>BARNES</b> Suffix:				2. Death Date <b>09/08/2004</b>	
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>76</b>	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number [REDACTED]	6. County of Death <b>Skamania</b>
7. Birthdate <b>11/24/1927</b>	8a. Birthplace (City, Town, or County) <b>Bakersfield</b>	8b. (State or Foreign Country) <b>California</b>	9. Decedent's Education <b>12th Grade</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>261 Erickson Road</b>				13b. City or Town <b>Stevenson</b>	
13c. Residence: County <b>Skamania</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98648</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>13 Years</b>	15. Marital Status at Time of Death <b>N Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Clarence Barnes</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Earnest A. Pascoe</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Ester E. Trunick</b>		
21. Informant's Name <b>Clarence Barnes</b>	22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number & Street or RFD No. City or Town State Zip <b>261 Erickson Road Stevenson, WA 98648</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>261 Erickson Road</b>			25. Facility Name (If not a facility, give number & street) <b>261 Erickson Road</b>		
26. City, Town, or Location of Death <b>Stevenson</b>			26b. State <b>WA</b>	27. Zip Code <b>98648</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>		30. Location-City/Town, and State <b>White Salmon, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home PO Box 390 White Salmon, WA 98672</b>				32. Date of Disposition <b>09/8/2004</b>	
33. Funeral Director Signature X					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Pulmonary Fibrosis</b> Interval between Onset & Death: <b>3 years</b> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the 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): Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X	
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Gary Regalbuto, MD, 1410 May Street, Hood River, OR 97031</b>	
50. Name and Title of Attending Physician if other than Certifier (Type or Print)				51. Hour of Death (24hrs) <b>0215</b>	
52. Title of Certifier				53. Date Certified (MM/DD/YYYY) <b>9-9-04</b>	
54. License Number				55. Was case referred to medical examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
56. Registrar Signature X				57. Date Received (MM/DD/YYYY) <b>9/9/04</b>	
58. Record Amendment Item: Documentary Evidence: <b>LS89</b>				59. Reviewed by: Date:	



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## Affidavit for Correction

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

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

### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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**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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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**The Record is Incorrect or Incomplete as follows:**

<p><b>The Record now shows:</b></p> <p>6. _____</p> <p>8. _____</p> <p>10. _____</p> <p>12. _____</p>	<p><b>The True fact is:</b></p> <p>7. _____</p> <p>9. _____</p> <p>11. _____</p> <p>13. _____</p>
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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 foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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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**

<p>Examples of documentary proof:</p> <ul style="list-style-type: none"> <li>Certificate of Naturalization</li> <li>Hospital Records</li> <li>Insurance Records</li> <li>Marriage/Divorce Records</li> </ul>	<ul style="list-style-type: none"> <li>Medical Record</li> <li>Military Record (DD-214)</li> <li>Birth Record</li> <li>Passport</li> </ul>	<ul style="list-style-type: none"> <li>School Record</li> <li>Voter's Registration Card (if it bears an effective date)</li> <li>Alien Registration Card (front and back)</li> </ul>
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#### Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (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 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 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 to make changes.

#### Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
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

Dave Cundiff

LL00128722

SEP - 9 2004

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EXHIBIT 'A'

A tract of land in Section 26, Township 3 North, Range 8 East of the Willamette Meridian in the County of Skamania, State of Washington, described as follows:

Beginning at a point which is East 538.90 feet from the Southwest Quarter of said Section 26, which is also the Southeast corner of a tract of land conveyed to Avary Skaalheim by instrument recorded June 8, 1979 in Book 76, Page 671 in Auditor File No. 88719, Skamania County Deed Records; thence North along the East line of said Skaalheim tract a distance of 528.46 feet; thence South  $79^{\circ}22'$  East 252.50 feet to the West line of a tract of land conveyed to Anna C. Cheney by instrument recorded in October 19, 1954 in Book 38, Page 451, Auditor File No. 47728, Skamania County Deed Records; thence South  $18^{\circ}15'$  West along said West line 508 feet to the South line of said Section 26; thence West along said South line 89.3 feet to the point of beginning.