Return Address:

US Recordings, Inc.
2925 Country Drive
St. Paul, MN 55117

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Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document **must** be filled in) **CERTIFICATE OF DEATH**

Reference Number(s) of related Documents:

Additional reference #'s on page _____ of document

Grantor(s) (Last name, first name, initials)
MONTE EARL WILCOX

Additional names on page _____ of document.

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

Additional names on page _____ of document.

Trustee

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
LOT 1, RICH SHORT PLAT ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK 3, PAGE 260 OF SHORT PLATS, RECORDS OF SKAMANIA, WASHINGTON

Additional legal is on page _____ of document

Skamania County Assessor
Date 9-16-09 Parcel# 4-7-26-3-1501
VC 9-16-09 SEE exam N/A DIDESKO

Assessor's Property Tax Parcel/Account Number assigned 04072630150100

☐ Assessor Tax # not yet

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 provided herein. USR / 75514134-02 record 1st

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number D2 33

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Monte Middle: Earl LAST: WILCOX Suffix:
2. Death Date: Sept. 22, 2008
3. Sex (M/F): Male
4a. Age – Last Birthday: 65
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: July 30, 1943
8a. Birthplace (City, Town, or County): Sweet Home
8b. (State or Foreign Country): Oregon
9. Decedent's Education: High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 82 Meadow Crest Road
13b. City or Town: Carson
13c. Residence: County: Skamania
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98610
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 11 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Jeanette Lois Davis
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Forestry Tech
18. Kind of Business/Industry (Do not use Company Name): U.S. Forest Service
19. Father's Name (First, Middle, Last, Suffix): Frank S. Wilcox
20. Mother's Name Before First Marriage (First, Middle, Last): Mabel Christy
21. Informant's Name: Jan Wilcox
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 82 Meadow Crest Road Carson, WA 98610
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence
25. Facility Name (If not a facility, give number & street or location): 82 Meadow Crest Road
26a. City, Town, or Location of Death: Carson
26b. State: WA
27. Zip Code: 98610
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Columbia River Crematory
30. Location-City/Town, and State: White Salmon, Washington
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home POB 390 White Salmon, WA 98672
32. Date of Disposition: Sept. 25, 2008
33. Funeral Director Signature X

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

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. Glioblastoma — Interval between Onset & Death: 18 Months
Due to (or as a consequence of):
b. — Interval between Onset & Death:
Due to (or as a consequence of):
c. — Interval between Onset & Death:
Due to (or as a consequence of):
d. — Interval between Onset & Death:

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

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ 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? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. Certifying Physician X
48b. Medical Examiner/Coroner X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Ralph Yates 5847 NE 122nd, Suite 201 Portland, OR 97230
50. Hour of Death (24hrs): 0345
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 9/25/2008
53. Title of Certifier: D.O.
54. License Number: DO 12219
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): 10/03/08
59. Amendments

DOH 01-003 (5/99)

Unofficial Copy

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

Health

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

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 (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is incorrect or incomplete as follows:

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 or 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 (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)

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CERTIFIED

OCT 03 2008

Alan Melnick
Health Officer
Skamania Co. Public Health

U00906348

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