

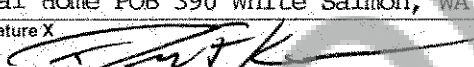
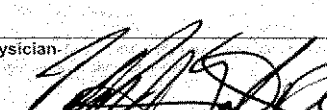
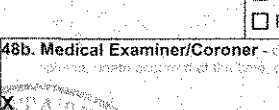
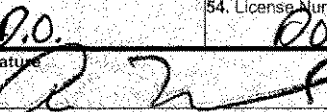
Return Address:

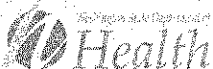
US Recordings, Inc.
2925 Country Drive
St. Paul, MN 55117

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 <u>must</u> 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 <u>9-16-09</u> Parcel# <u>4-7-263-1501</u> <i>See sketch 9/16/09 OK</i>
Assessor's Property Tax Parcel/Account Number assigned 04072630150100 <i>(D)</i> ☐ 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															
1. Legal Name (include AKA's if any) First Middle LAST Suffix Monte Earl WILCOX					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 5 th 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: 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															
26c. 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 																					
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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Glioblastoma</td> <td style="width: 30%;">Interval between Onset & Death 18 Months</td> </tr> <tr> <td>Due to (or as a consequence of):</td> <td>Interval between Onset & Death</td> </tr> <tr> <td>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. </td> <td>Interval between Onset & Death</td> </tr> <tr> <td>Due to (or as a consequence of):</td> <td>Interval between Onset & Death</td> </tr> <tr> <td>c. </td> <td>Interval between Onset & Death</td> </tr> <tr> <td>Due to (or as a consequence of):</td> <td>Interval between Onset & Death</td> </tr> <tr> <td>d. </td> <td>Interval between Onset & Death</td> </tr> </table>								IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Glioblastoma	Interval between Onset & Death 18 Months	Due to (or as a consequence of):	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 b. 	Interval between Onset & Death	Due to (or as a consequence of):	Interval between Onset & Death	c. 	Interval between Onset & Death	Due to (or as a consequence of):	Interval between Onset & Death	d. 	Interval between Onset & Death
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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 ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of 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 				48b. Medical Examiner/Coroner - (do not box of decedent's name, date, and place, and sign in the signature line) 																	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Ralph Yates 5847 NE 12nd, Suite 201 Portland, OR 97230						50. Hour of Death (24hrs) 0345															
51. Name and Title of Attending Physician (other than Certifier) (Type or Print) 						52. Date Signed (MM/DD/YYYY) 9/25/2008															
53. Title of Certifier D.O.		54. License Number 0012219		55. ME/Coroner File Number 		56. Was case referred to ME/Coroner? ☒ Yes ☐ No															
57. Registrar Signature 						58. Date Received (MM/DD/YYYY) 10/03/08															
59. Amendments																					



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

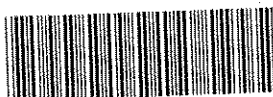
STATE OFFICE USE ONLY

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 foregoing 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: <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-216)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-216)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
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Marriage/Divorce Records	Passport															
Birth Certificates: - 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 have been established within five years of birth. - 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. - 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/CHS 621)																
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. - 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: - 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. - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.																

DOH/CHS 623 (Rev. 9/2002)

CERTIFIED

OCT 03 2008



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Alan Melnick
Health Officer
Skamania Co. Public Health

NN01217083