AFN #2009174315 Recorded 11/23/09 at 11:22 AM DocType: DEATH Filed by: MARY P. HOLLENBERRY Page: 1 of 4 Auditor's Office Skamania County, WA

WHEN RECORDED RETURN TO:

Mary P. Hollenberry
PO Box 762
Carson Wa 98610

DOCUMENT TITLE(S)

Death Certificate

REAL ESTATE EXCISE TAX
N/A
NOV 23 2009
PAID N/A
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) *of Documents assigned or released:*

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

George T. Hollenberry

[ ] Additional names on page _____ of document.

GRANTEE(S):

Mary P. Hollenberry

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION *(Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):*

Lot 5 of CARSON VALLEY Park according to the official plat thereof on file and of record at page 148 of Book A of Plats, Records of Skamania County, Washington.

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03081740380000 AUP

Skamania County Assessor
Date 11/23/09 Parcel# 03081740380000

[ ] Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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Washington State
Department of Revenue
Special Programs Division
PO Box 47477
Olympia, WA 98504-7477

-Sample Format-

Affidavit of Surviving Spouse or Domestic Partner for Claiming an Exemption Based on Inheritance of Real Estate

State of Washington

County of Skamania

Name of deceased George T. Hollenberry

I, (survivor's name) Mary P. Hollenberry affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 03081740380000

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 23 day of Nov. (month), 2009 (year) at Stevenson (city), Wa (state)

Mary P. Hollenberry
(Signature of surviving spouse or registered domestic partner)

Mary P. Hollenberry
(Printed name of surviving spouse or registered domestic partner)

PO Box 762 *(Address of surviving spouse or domestic partner)* Carson *(City)* Wa *(State)* 98610 *(Zip)*

Note: *See Senate Bill (SB) 6851 on page 2 for statutory requirements.*

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
George	Thomas	HOLLENBERRY		April 25, 2009

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
Male	64			[redacted]	Skamania

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
March 10, 1945	Cochabamba	Bolivia	High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
92 Vine Maple Loop Road	Carson

13c. Residence: County	13d. Tribal Reservation Name (If applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98610	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
27 Years	Married	Mary Patricia Maus

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Mechanic	Heavy Equipment

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
George Henry Hollenberry	Maria Isabelle Varas

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip
Mary Hollenberry	Spouse	PO Box 762 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)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
92 Vine Maple Loop Road	Carson	WA	98610

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Burial	Wind River Memorial Cemetery	Carson, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Gardner Funeral Home PO Box 390 White Salmon, WA 98672	May 1, 2009

33. Funeral Director Signature X [signature]

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cardiac Arrest	45 Minutes
	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. Hypertension	Unknown
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
☐ Yes ☒ No	☐ Yes ☐ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ 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	☐ 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?
April 25, 2009	1510-1515	Decedent's Home	☐ Yes ☒ No ☐ Unk

45. Location of Injury: Number & Street: 92 Vine Maple Loop Rd, Carson, Skamania, WA 98610 Apt No.

City or Town: County: State: Zip Code+4:

46. Describe how injury occurred	47. If transportation injury, specify:
Physical Exertion Through Manual Labor	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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	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
X	X [signature]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Chris Lanz PO Box 790 Stevenson, WA 98648	1607

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	April 28, 2009

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
Deputy Coroner		09-0282	☒ Yes ☐ No

57. Registrar Signature X [signature]	58. Date Received (MM/DD/YYYY)
	04/30/2009

59. Amendments

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DOH/CHS 003 Rev 07/03/07 DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS DEPARTMENT OF HEALTH. MUST HAVE SEAL OF ISSUING AGENCY.

Washington State Department of 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 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 (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. 5/2002)

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CERTIFIED

MAY 07 2009

Alan Melnick
Health Officer
Skamania Co. Public Health

NN01217229