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: George | Middle: Thomas | LAST: HOLLENBERRY | Suffix:
2. Death Date: April 25, 2009
3. Sex (M/F): Male
4a. Age – Last Birthday: 64
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: March 10, 1945
8a. Birthplace (City, Town, or County): Cochabamba
8b. (State or Foreign Country): Bolivia
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?: No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 92 Vine Maple Loop 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.: 27 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Mary Patricia Maus
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Mechanic
18. Kind of Business/Industry (Do not use Company Name): Heavy Equipment
19. Father's Name (First, Middle, Last, Suffix): George Henry Hollenberry
20. Mother's Name Before First Marriage (First, Middle, Last): Maria Isabelle Varas
21. Informant's Name: Mary Hollenberry
22. Relationship to Decedent: Spouse
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 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): 92 Vine Maple Loop Road
26a. City, Town, or Location of Death: Carson
26b. State: WA
27. Zip Code: 98610
28. Method of Disposition: Burial
29. Place of Final Disposition (Name of cemetery, crematory, other place): Wind River Memorial Cemetery
30. Location-City/Town, and State: Carson, Washington
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672
32. Date of Disposition: May 1, 2009
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. Cardiac Arrest — Interval between Onset & Death: 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 — Interval between Onset & Death: Unknown

Due to (or as a consequence of):

c. — Interval between Onset & Death:

Due to (or as a consequence of):

d. — Interval between Onset & Death:

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): April 25, 2009
42. Hour of Injury (24hrs): 1510-1515
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): Decedent's Home
44. Injury at Work? ☐ 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: Physical Exertion Through Manual Labor
47. If transportation injury, specify: ☐ 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 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 X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Chris Lanz PO Box 790 Stevenson, WA 98648
50. Hour of Death (24hrs): 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: Deputy Coroner
54. License Number:
55. ME/Coroner File Number: 09-0282
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): 04/30/2009
59. Amendments

DOH/CHS 003 Rev 07/08/07 DOH 01-003 (5/99)

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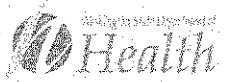
THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL



Affidavit for Correction

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. 9/2002)

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CERTIFIED

MAY 07 2009

Alan Melnick
Health Officer
Skamania Co. Public Health

NN01217229