

REAL ESTATE EXCISE TAX

AFTER RECORDING RETURN TO:

Name: Wyers Law, PC
Address: P. O. Box 421
City/State: Bingen, WA 98605-0421

N/A
FEB 19 2013
29948
TAXID See excise # 219-2013
Vickie Chelland
SKAMANIA COUNTY TREASURER

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

1. Certificate of Death

Reference Number(s) of Documents assigned or released: 2013 000 339 \$
2013 000 341

☐ Additional numbers on page ____ of document

Grantor(s): (Last name first, then first name and initials)

1. Cochran, Thomas Eugene

☐ Additional names on page ____ of document

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

1. The Public

Skamania County Assessor
Date 2-19-13 Parcel 3-10-20-1-4-102
DA

☐ Additional names on page ____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/
quarter/quarter)

☐ Complete legal description is on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix		2. Death Date					
(aka Tom) Thomas Eugene Cochran		Nov. 8, 2012					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
male	85	Months Days	Hours Minutes		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Oct. 7, 1927	Council Bluffs	Iowa		Bachelor's degree			
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		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)					13b. City or Town		
432 Hale Drive					Underwood		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98651	
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)			
24 years		married		Joanne Maxine Smith			
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)			
Forester				Timber Management			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Donald Dudley Cochran				Grace Esther Davis			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Joanne Cochran		wife		432 Hale Drive, Underwood, Washington 98651			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
decedent's residence				432 Hale Drive			
26a. City, Town, or Location of Death				26b. State		27. Zip Code	
Underwood				WA		98651	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
cremation		Columbia Gorge Cremation		Hood River, Oregon			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Anderson's Tribute Center, 1401 Belmont Ave., Hood River, OR 97031						November 13, 2012	
33. Funeral Director Signature X							
JACK TRUMBULL #1448							
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) → Probable Anoxia							
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							
Recent Acute Myocardial Infarction							
Interval between Onset & Death							
Interval between Onset & Death							
Interval between Onset & Death							
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?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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		<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:				Apt. No.			
City or Town:				County:		State:	
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.				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			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Stephen P. Vogt, MD, 1108 June Street, Hood River, Oregon 97031				0032			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				11/13/2012			
53. Title of Certifier	54. License Number	55. Certifier File Number		56. Was case referred to ME/Coroner?			
MD	MD 0014			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
X				11/13/2012			
59. Amendments							



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:	
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</p>				
<p>Birth Certificates:</p> <p>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.</p> <p>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.</p> <p>3. Proof must be five (or more) years old or have been established within five years of birth.</p> <p>4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:</p> <ul style="list-style-type: none">- 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. <p>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).</p> <p>6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</p>				
<p>Death Certificates:</p> <p>1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</p> <p>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</p> <p>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.</p>				
<p>Marriage/Dissolution (Divorce) Certificates:</p> <p>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.</p> <p>2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</p>				

CERTIFIED

NOV 13 2012

Alan Melnick
Health Officer
Skamania Co. Public Health

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