

WHEN RECORDED RETURN TO:
Sandy Carlson
112 Nelson Creek Ln.
Stevenson, WA 98648

DOCUMENT TITLE(S)
Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:
CPA 115972 Book 134 Page 550 - 551
filed 4/12/93

☐ Additional numbers on page _____ of document.

GRANTOR(S):
Maxine Ellen Carlson

REAL ESTATE EXCISE TAX
29969
MAR -7 2013

☐ Additional names on page _____ of document.

GRANTEE(S):
Ernest E. Carlson

PAID exempt
Wheeler, Cheryl
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):
03081740200000 (N)

☐ 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.

A

Beginning at the southwest corner of the Southeast Quarter (SE $\frac{1}{4}$) of Section 17, Township 3 North, Range 8 E. W. 11.; thence east 30 feet; thence north 716.5 feet; thence east 203.5 feet to the initial point of the tract hereby described; thence east 203.5 feet; thence north 203.5 feet; thence west 203.5 feet; thence south 203.5 feet to the initial point;

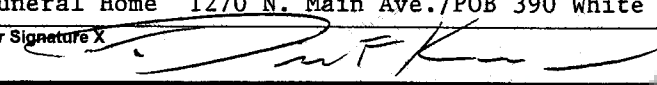
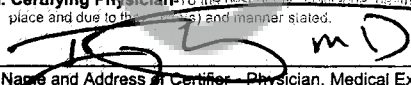
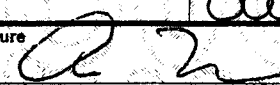
Skamania County Assessor

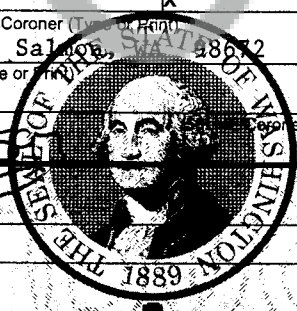
Date 3-7-13 Parcel 38-17-4-200

(Signature)

Unofficial
Copy

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 Maxine Ellen Carlson								2. Death Date March 4, 2013			
3. Sex (M/F) Female		4a. Age - Last Birthday 94		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		6. County of Death Skamania	
7. Birthdate Oct. 21, 1918		8a. Birthplace (City, Town, or County) Watertown		8b. (State or Foreign Country) South Dakota		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.) 72 Dillingham Loop								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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 35 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Ernest Emerald Carlson							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home							
19. Father's Name (First, Middle, Last, Suffix) Roy Edson Strut				20. Mother's Name Before First Marriage (First, Middle, Last) Alta Pearl Gray							
21. Informant's Name Robert Carlson		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 112 Nelson Creek Lane Stevenson, WA 98648							
24. Place of Death, if Death Occurred in a Hospital: Rock Cove Assisted Living				25. Facility Name (If not a facility, give number & street or location) Rock Cove Assisted Living							
26a. City, Town, or Location of Death Stevenson				26b. State WA		27. Zip Code 98648					
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				1270 N. Main Ave./POB 390 White Salmon, WA 98672				32. Date of Disposition 3-6-2013			
33. Funeral Director Signature X 											
34. Enter the <u>chain of events</u> - 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. <u>Cerebral aneurysm attack</u> <u>CVA, thromboembolic</u> <u>TW</u> Interval between Onset & Death <u>1 week</u> 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. <u>Atial Fibrillation</u> Interval between Onset & Death <u>1 week / unknown</u> c. Interval between Onset & Death d. Interval between Onset & Death											
35. Other significant conditions contributing to death but not resulting in the underlying cause given above								36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of 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		39. If female <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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: Zip Code+ 4:											
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. X  MD								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) Troy Witherrite PO Box 1519 White Salmon, WA 98642								50. Hour of Death (24hrs) 2300			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (mm/dd/yyyy) 3/5/13			
53. Title of Certifier MD		54. License Number 000464		55. Coroner File Number				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature X 								58. Date Received (mm/dd/yyyy) 03/07/2013			
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:				
6. The Record now shows:		7. The True fact is:		
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 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. All changes must be established by documentary proof submitted with the affidavit 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.				
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.				

CERTIFIED

MAR 07 2013

Alan Melnick
Health Officer
Skamania Co. Public Health

0000110120