

AFTER RECORDING RETURN TO:

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

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

1. Certificate of Death

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page ____ of document

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

1. North, Dorothy Lee

☐ Additional names on page ____ of document

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

1. The Public

☐ 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

Health
CERTIFICATE OF DEATH




1463 18356
STATE FILE NUMBER

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

8
LOCAL FILE NUMBER

1. DISTRICT
D-2
2. COPIES
5
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION

1. NAME First Middle Last Dorothy Lee NORTH				2. SEX (M / F) Female		3. DEATH DATE (Mo. Day, Yr) April 18, 2003									
4. AGE LAST BIRTHDAY (Yrs) 76		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) 3/24/1927		8. BIRTHPLACE (City, State or Foreign Country) Nesho, MO		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skamania					
11. CITY, TOWN OR LOCATION OF DEATH Stevenson				12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input checked="" type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. RMOUT PTN 4 <input type="checkbox"/> HOSP. 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE 9 SE Cascade Avenue				13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed				15. SURVIVING SPOUSE (If wife, give maiden name)				16. SOCIAL SECURITY NO. REDACTED		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker				19. KIND OF BUSINESS OR INDUSTRY Own Home				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White					
22. RESIDENCE—NUMBER AND STREET 9 SE Cascade Avenue				23. CITY/TOWN, OR LOCATION Stevenson		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skamania		25B. LENGTH OF RES. IN CO. 47 yrs		26. STATE WA		27. ZIP CODE 98648	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Roy Richard Ray						29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Velma Lee Loyd									
30. INFORMANT—NAME Pam Gage				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 13 Cascade Avenue Stevenson, WA 98648											
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				33. DATE (Mo. Day, Yr) 4-22-2003		34. CEMETERY/CREMATORY—NAME Columbia River Crematory				35. LOCATION—CITY/TOWN, STATE White Salmon, Washington					
36. FUNERAL DIRECTOR SIGNATURE 				37. NAME OF FACILITY Gardner Funeral Home				38. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672							
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X  M.D.						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X  M.D.									
40. DATE SIGNED (Mo., Day, Yr) 4-18-03				41. HOUR OF DEATH (24 Hrs.) 1600				44. DATE SIGNED (Mo., Day, Yr)				45. HOUR OF DEATH (24 Hrs.)			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						46. PRONOUNCED DEAD (Mo., Day, Yr)						47. HOUR PRONOUNCED DEAD (24 Hrs.)			
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James G. Janney, III, M.D. POB 1519 White Salmon, WA 98672						49. MEDICORONER FILE NUMBER									
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:															
IMMEDIATE CAUSE (Final disease or condition resulting in death): DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.															
A. ASCVD - probable arrhythmia															
DUE TO, OR AS A CONSEQUENCE OF:															
B.															
DUE TO, OR AS A CONSEQUENCE OF:															
C.															
DUE TO, OR AS A CONSEQUENCE OF:															
D.															
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:															
52. AUTOPSY? (Yes / No) No						53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes									
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:							
58. INJURY AT WORK? (Yes / No)				59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE				REVIEWED BY DATE				63. DATE RECEIVED (Mo., Day, Yr) 4/23/2003							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)
A
DOH 01-003 (1/13)

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				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); Spouse A/Husband for Marriage or Dissolution			5. Mother's Full Maiden Name (For Birth); Spouse B/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:	
All vital records are registered as received.					
We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.					
Examples of documentary proof:					
Certificate of Naturalization		Numident Report (Social Security Administration)		School Transcripts (Official)	
Hospital /Medical Record		Military Record (DD-214)		Voter's Registration Card (if it bears an effective date)	
Life Insurance Policy		Birth Record		Alien Registration Card (front and back)	
Marriage/Divorce Record		Passport			
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. <u>Child under 18</u>					
• Only parent(s) or legal guardian can change the birth certificate.					
• Guardian must submit certified court order giving them authority to act on behalf of child(ren).					
• Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.					
• Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.					
• To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.					
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)					
<u>Adult (18 years or older)</u>					
• Only the adult themselves can change the birth certificate.					
• If the first or middle name is absent, three pieces of documentary proof are required.					
• If the first and/or middle name is misspelled, two pieces of documentary proof are required.					
• To correct birth date, place of birth or parent's information, one documentary proof is required.					
• Proof must be five (or more) years old or have been established within five years of birth.					
Death Certificates:					
1. Only the informant, the funeral director, or executôrs/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change					
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.					

