

**AFTER RECORDING MAIL TO:**

Regional Trustee Services Corp  
616 1<sup>st</sup> Avenue, Suite 550  
Seattle, Washington 98104

SI3-0086

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**Document Title:**  
**Death Certificate**

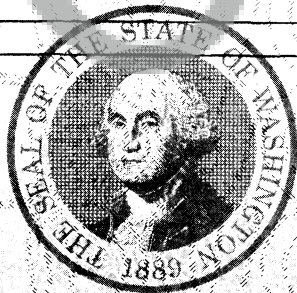
**Grantor:**  
**Connie Lou Gay**

**Grantee:**  
**General Public**

Unofficial  
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# 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				2012 59319	
Connie Lou Gay		August 20, 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		
F	77 Yrs	Months	Days		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
	Cambridge	Minnesota		Some College Credits- No 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		No	
13a. Residence: Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.)					13b. City or Town		
12 Aldon Watcher Road					Stevenson		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98648	
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)			
2 months		Widowed					
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)			
Office				Airplane Assembly			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Howard Wightman							
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		23. City or Town State Zip	
Tamara Allen		Daughter		12 Aldon Watcher Road Stevenson WA		98648	
24. Place of Death, If Death Occurred in 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	
12 Aldon Watcher Road				Stevenson		WA	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location of Disposition		27. Zip Code	
Cremation		PFS Crematory		Portland, Oregon		98648	
31. Name and Complete Address of Funeral Facility							
Neptune Cremation Service 17819 NE Riverside Pkwy. #E Port. OR. 97230							
32. Date of Disposition							
08/29/2012							
33. Funeral Director Signature X							
<i>ACC</i>							
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. <i>Heart</i>							
Due to (or as a consequence of):							
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							
b. <i></i>							
Due to (or as a consequence of):							
Interval between Onset & Death							
c. <i></i>							
Due to (or as a consequence of):							
Interval between Onset & Death							
d. <i></i>							
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?	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		41. Date of Injury (MM/DD/YYYY)	
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		08/20/2012	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?		45. Location of Injury: Number & Street	
2201		Decedent's home		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		12 Aldon Watcher Road	
46. Describe how injury occurred		47. If transportation injury, 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, one or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
Deceased found in bedroom not breathing		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		X <i>Jareden Weidenfeld</i>		X <i>Jareden Weidenfeld</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Date Signed (MM/DD/YYYY)		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
Jareden Weidenfeld, 336 Alvar Vancouver Ave, Stevenson, WA				08/27/2012		52. Date Signed (MM/DD/YYYY)	
53. Title of Certifier				54. License Number		55. ME/Coroner File Number	
Deputy Coroner						56. Was case referred to ME/Coroner?	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)		X Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<i>[Signature]</i>				08/28/2012			
59. Amendments							



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (1/13)

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

		<b>Affidavit for Correction</b>		<b>Center for Health Statistics</b> P.O. Box 47814 Olympia, WA 98504-7814 (360) 236-4300	
<b>This is a legal Document. Complete in ink and do not alter.</b>					
<b>STATE OFFICE USE ONLY</b>					
State File Number		Fee Number		Initials	Date
Affidavit Number					
<b>Use the section below for requesting any changes on the record.</b>					
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:			Telephone Number:		
<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)					
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.					
<b>We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.</b>					
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. Child under 18					
• 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. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)</b>					
Adult (18 years or older)					
• 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 executors/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.					



DOH/CHS 023a January 2013

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