

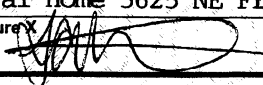
Name & Return Address:

Law Offices of Nay + Friedenberg
6500 SW Macadam Ave #300
Portland, OR 97239

Please print legibly or type information.

Document Title(s)	Death Certificate
Grantor(s)	Neil Hanlon Haffey
____ Additional Names on Page ____ of Document	
Grantee(s)	
____ Additional Names on Page ____ of Document	
Legal Description (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section)	
Complete Legal Description on Page ____ of Document	
Auditor's Reference Number(s)	
Assessor's Property Tax Parcel/Account Number(s)	
<p>The Auditor/Recorder will rely on the information provided on this cover sheet. The Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.</p> <p>I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.</p>	
Signature of Requesting Party (Required for non-standard recordings only)	
Gpcovst.doc rev 4/02	

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 172		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Neil Hanlon Haffey				2. Death Date 12-29-2012		
3. Sex (M/F) Male	4a. Age - Last Birthday 86	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Clark	
7. Birthdate 08-06-1926		8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) Washington	9. Decedent's Education Some college		
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? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 191000 Hanlon Road				13b. City or Town Washougal		
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98671	
14. Estimated length of time at residence. 20 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jarren Dewitt		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Welder				18. Kind of Business/Industry (Do not use Company Name) Civil Service		
19. Father's Name (First, Middle, Last, Suffix) George Haffey				20. Mother's Name Before First Marriage (First, Middle, Last) Amy Shields		
21. Informant's Name Mark Haffey		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 714 NE Meadow Drive Portland, OR 97211		
24. Place of Death, if Death Occurred in a Hospital: Licensed Adult Foster Home				25. Facility Name (If not a facility, give number & street or location) Polly's Country Adult Foster Home		
26a. City, Town, or Location of Death Vancouver				26b. State WA	27. Zip Code 98684	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center, LLC		30. Location-City/Town, and State Portland, Oregon		
31. Name and Complete Address of Funeral Facility Rose City Funeral Home 5625 NE Fremont Street Portland, OR 97213				32. Date of Disposition 01-08-2013		
33. Funeral Director Signature 						
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. Respiratory Failure				Interval between Onset & Death		
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. Chronic Obstructive Pulmonary Disease				Interval between Onset & Death		
Due to (or as a consequence of):				Interval between Onset & Death		
c. Congestive Heart Failure				Interval between Onset & Death		
Due to (or as a consequence of):				Interval between Onset & Death		
d. Hypertension				Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Peripheral Vascular Disease, History of Cerebral Vascular Accident, Hypertension						
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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. Location of Injury: Number & Street: City or Town: County: State: Zip Code+ 4:		45. Describe how Injury occurred				
46. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		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 Arthur Gaskell II, 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						
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner ARTHUR GASKELL 411 NE 6th AVE. CLATSOP WA 98607				50. Hour of Death (24hrs) 08:30		
51. Name and Title of Attending Physician if other than Certifier (Type of Print)				52. Date Signed (MM/DD/YYYY) 1-3-13		
53. Title of Certifier MD		54. License Number WA38042		55. Registrar File Number		
57. Registrar Signature X				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
58. Date Received (MM/DD/YYYY) JAN 18 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 Maiden 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:		
All vital records are registered as received.						
Most changes must be established by documentary proof submitted with the affidavit						
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 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. 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 birth date, place of birth or parent's information, one documentary proof is required.						
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.						
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - 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 023a January 2012

CERTIFIED

JAN 18 2013


Alan Melnick
Health Officer
Clark County Public Health
XX00172745