

Return Address:  
Connors & Lanz  
Attorneys at Law  
Post Office Box 1116  
White Salmon, WA 98672

<i>Document Title(s) or transactions contained herein:</i>	
<b>DEATH CERTIFICATE</b>	
<i>GRANTOR(S) (Last name, first name, middle initial)</i>	
<b>GARRETT, VERNON DOYLE</b>	
<input type="checkbox"/> Additional names on page _____ of document.	
<i>GRANTEE(S) (Last name, first name, middle initial)</i>	
<b>THE PUBLIC</b>	
<input type="checkbox"/> Additional names on page _____ of document.	
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i>	
<input type="checkbox"/> Complete legal on page _____ of document.	
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i>	
<input type="checkbox"/> Additional numbers on page _____ of document.	
<i>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</i>	
03-09-1430-1301/00; 03-09-1430-1300/00	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-023535

DATE ISSUED: 12/17/2013

FEE NUMBER: 0000320685

GIVEN NAMES: VERNON DOYLE  
LAST NAME: GARRETT

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: DECEMBER 11, 2013  
HOUR OF DEATH: 06:50 P.M.  
SEX: MALE  
AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: DECEMBER 24, 1938  
BIRTHPLACE: CRESTON, IOWA

MARITAL STATUS: MARRIED  
SPOUSE: ALICE MARIE LEPINSKI

OCCUPATION: SAW MILL WORKER  
INDUSTRY: SAW MILL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: ALICE GARRETT  
RELATIONSHIP: WIFE  
ADDRESS: 3272 COOK UNDERWOOD ROAD MILL A, WA 98605

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 3272 COOK UNDERWOOD ROAD  
CITY, STATE, ZIP: MILL A, WASHINGTON 98605

RESIDENCE STREET: 3272 COOK UNDERWOOD ROAD  
CITY, STATE, ZIP: MILL A, WASHINGTON 98605  
INSIDE CITY LIMITS? NO  
COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER: DELBERT LEE GARRETT  
MOTHER: LOIS E HESS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY  
CITY, STATE: WHITE SALMON, WA  
DISPOSITION DATE: DECEMBER 16, 2013

FUNERAL FACILITY: GARDNER FUNERAL HOME INC  
ADDRESS: P O BOX 390  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:  
A. MARGINAL ZONE LYMPHOMA  
INTERVAL: 6 MONTHS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
DIABETES, ATHEROSCLEROSIS, TOBACCO USE, CONGESTIVE HEART FAILURE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

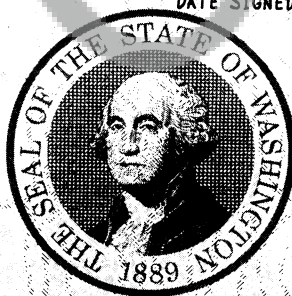
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: R. ALLEN LABERGE, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 212 SKYLINE DRIVE  
CITY, STATE, ZIP: WHITE SALMON WA 95672  
DATE SIGNED: DECEMBER 12, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
LADONNA BAHLER  
DATE RECEIVED: DECEMBER 12, 2013

DOH 01-003 (8/10)



# 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: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ 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. 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:
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
  - 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.
  - Proof must be five (or more) years old or have been established within five years of birth.
  - 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.
  - 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).
  - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit – form DOH/CHS 021)**

- Death Certificates:
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
  - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
  - 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:
- 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.
  - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

**CERTIFIED**

DOH/CHS 023a 6/11/10

DEC 17 2013

Alan Melnick  
Health Officer  
Shamania Co. Public Health

UU00110368