

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. Chevalier, Elnora Rose

☐ 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

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					
Elnora Rose CHEVALIER		Feb 6, 2008					
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	71	Months Days	Hours Minutes		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Feb 28, 1936	Great Falls	Montana		HS Graduate or GED			
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., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town			
82 Hamilton Rd.				Underwood			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98651-	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
40y		Married		Ray Albert Chevalier			
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)			
homemaker				Own Home			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Edward M. Chevalier				Myrtle W. Lickes			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Ray Albert Chevalier		Husband		82 Hamilton Rd. Underwood WA 98651-			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than 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 27. Zip Code	
82 Hamilton Rd.				Underwood		WA 98651-	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Columbia River Crematory		White Salmon, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Gardner Funeral Home PO Box 390 White Salmon, WA 98672-				Feb. 9, 2008			
33. Funeral Director Signature X							
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. Resp. failure / pulmonary fibrosis				Interval between Onset & Death	
		Due to (or as a consequence of):				5 months	
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.				Interval between Onset & Death	
		Due to (or as a consequence of):					
		c.				Interval between Onset & Death	
		Due to (or as a consequence of):					
		d.				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?	
Lung CA.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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 his/her knowledge, based on the history, physical, and laboratory findings, the physician certifies that the cause of death is as stated on this certificate.				48b. Medical Examiner/Coroner - On the basis of a forensic investigation, the medical examiner/coroner certifies that the cause of death is as stated on this certificate.			
X							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Charles Chambers 810 13th Street Hood River, OR 97031				1000			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				2/8/2008			
53. Title of Certifier		54. License Number		55. Decedent's File Number		56. Was case referred to ME/Coroner?	
M.D.		MD 23022				<input type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
X				2/14/08			
59. Amendments							



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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
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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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	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	

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.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

FEB 20 2008

Alan Melnick
Health Officer
Skamania Co, Public Health

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