

RETURN ADDRESS:

Laurie J. Treosti
Boyd, Gaffney, Sowards & Treosti
11015 NE Fourth Plain Road, Suite D
Vancouver, WA 98662

Document Title(s):

Death Certificate

Reference Number(s) of related documents:

76570 Book 65 Pages 666 & 667 – Community Property Agreement recorded 9/10/73

Grantor(s) (Last name, First name and Middle Initial)

Acker, Harold W. Jr.

Grantee(s) (Last name, First name and Middle Initial)

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)

Assessor's Property Tax Parcel/Account Number:

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording process may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-011898

DATE ISSUED: 06/04/2014

FEE NUMBER: 0000000001

GIVEN NAMES: HAROLD WESTON
LAST NAME: ACKER

SUFFIX: JR

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MAY 18, 2014
HOUR OF DEATH: 09:15 P.M.
SEX: MALE
AGE: 82 YEARS
SOCIAL SECURITY NUMBER: 533-30-3770

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 10882 WASHOUGAL RIVER ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 10882 WASHOUGAL RIVER ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 46 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER: HAROLD WESTON ACKER SR
MOTHER: MARTHA CATTO

BIRTHDATE: SEPTEMBER 08, 1931
BIRTHPLACE: CAMAS, CLARK CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MARLENE KOSKEY

METHOD OF DISPOSITION: DONATION
PLACE OF DISPOSITION: OREGON HEALTH SCIENCES UNIVERS
CITY, STATE, ZIP: PORTLAND, OR
DISPOSITION DATE: MAY 29, 2014

OCCUPATION: ELECTRICAL ENGINEER
INDUSTRY: ENGINEERING
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? YES

FUNERAL FACILITY: CASCADE DECEDENT CARE
ADDRESS: 8972 SW TUALATIN SHERWOOD RD
CITY, STATE, ZIP: TUALATIN OR 97062
FUNERAL DIRECTOR: SARA E. HARWOOD-KARLIK

INFORMANT: MARLENE ACKER
RELATIONSHIP: SPOUSE
ADDRESS: 10882 WASHOUGAL RIVER ROAD, WASHOUGAL, WA 98671

CAUSE OF DEATH:
A. METASTATIC CHOLANGIOCARCINOMA
INTERVAL: MONTHS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: DANIEL HIGHKIN MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 700 NE 87TH AVE
CITY, STATE, ZIP: VANCOUVER WA 98664
DATE SIGNED: MAY 20, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE



LOCAL DEPUTY REGISTRAR:
LADONNA BAEHLER
DATE RECEIVED: MAY 29, 2014



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
PO. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

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.
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
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. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - 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.

CERTIFIED

JUN 04 2014

Sarah Present
Health Officer
Skamania County Public Health 201400110542