

WHEN RECORDED RETURN TO:
Mary Christensen
PO Box 1393
Stevenson, WA 98648

DOCUMENT TITLE(S): Certificate of Death	
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: SKAMANIA COUNTY REAL ESTATE EXCISE TAX 31056 FEB - 4 2015	
GRANTOR: George Francis Christensen	PAID <u>EXEMPT</u> <u>Shirley Ann Depuy</u> SKAMANIA COUNTY TREASURER
GRANTEE : Mary Christensen, Successor Trustee of the George F. Christensen, Jr. Trust dated November 6, 2007	
ABBREVIATED LEGAL DESCRIPTION: The East 65 feet of Lot 2 and the West 10 feet of Lot 3, Block 2, Second Addition to Hill Crest Acres, according to the plat thereof, recorded in Book A of Plats, Page 100, in the County of Skamania, State of Washington.	
TOGETHER WITH that portion lying due South of the above described parcel being 40 feet wide as vacated by instrument recorded in Book 114, Page 819.	
TAX PARCEL NUMBER(S): 03-75-36-2-3-0505-00	Skamania County Assessor Date <u>2-4-15</u> Parcel# <u>3-75-36-2-3-505</u> 211

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-009804

LOCAL FILE NUMBER: 14-230

DATE ISSUED: 05/08/2014

FEE NUMBER: 0002018596

GIVEN NAMES: GEORGE FRANCIS
LAST NAME: CHRISTENSEN

SUFFIX: JR

COUNTY OF DEATH: KLIKITAT
DATE OF DEATH: APRIL 25, 2014
HOUR OF DEATH: 02:40 A.M.
SEX: MALE
AGE: 92 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: JULY 28, 1921
BIRTHPLACE: STEVENSON, SKAMANIA CNTY, WASHINGTONMARITAL STATUS: WIDOWED
SPOUSE:OCCUPATION: BANKER
INDUSTRY: BANKING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YESINFORMANT: MARY CHRISTENSEN
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 1393 STEVENSON, WA 98648PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKYLINE HOSPITAL
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672RESIDENCE STREET: 986 NW ROCK CREEK DRIVE 214
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648
INSIDE CITY LIMITS? YES
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER: GEORGE FRANCIS CHRISTENSEN SR
MOTHER: MINNIE MEYERMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: STEVENSON CEMETERY
CITY, STATE: STEVENSON, WA
DISPOSITION DATE: MAY 06, 2014FUNERAL 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. SUDDEN CARDIAC DEATH
INTERVAL: 10 MINUTES
- B. CORONARY ARTERY DISEASE
INTERVAL: > 10 YEARS
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERTENSION, HYPERLIPIDEMIADATE 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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: R. ALLEN LABERGE, MD
TITLE: PHYSICIAN
ADDRESS: 212 SKYLINE DRIVE
CITY, STATE, ZIP: WHITE SALMON WA 98672
DATE SIGNED: APRIL 29, 2014STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLELOCAL DEPUTY REGISTRAR:
ANGIE KALEY
DATE RECEIVED: MAY 02, 2014

Washington State Department of Health		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:			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.					
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.					
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)					
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.					
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

MAY 08 2014

Christopher Spitters, M.D.
Klickitat County Health Department

WW00588990