

**WHEN RECORDED RETURN TO:**

Greenen & Greenen PLLC  
1104 Main Street, Suite 400  
Vancouver, WA 98660

**DOCUMENT TITLE(S)**

Death Certificate

**REFERENCE NUMBER(S)** of Documents assigned or released:

AF 2015000573 Community Property Agreement

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

William E Poe

☐ Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):**

Lillian Eva Poe

☐ Additional names on page \_\_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Lot 7 Murphy Tracts & parts of Lot 7 & 8 Blaisdell Tracts

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

04-07-23-3-4-0700-00 & 04-07-23-3-4-1800-00

☐ Additional parcel numbers on page \_\_\_\_\_ of document.

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.

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
N/A  
MAY 13 2015

PAID N/A  
Vickie Cleveland, Treasurer  
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
2490							
1. Legal Name (include AKA's if any) First Middle LAST				2. Death Date			
William Earl Poe				Oct 16, 2013			
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day		6. County of Death		
M	87	Months Days	Hours Minutes		Clark		
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
Apr 28, 1926		Vancouver		Washington		Associate Degree	
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		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 St.) (Include Apt. No.)					13b. City or Town		
708 NW 139th St					Vancouver		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Clark				Washington		98685	
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)			
64 Years		Married		Lillian Vail			
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)			
Longshoreman				Transportation			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
William Earl Poe				Elizabeth Vogel			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town State Zip	
Lillian Poe		Wife		708 NW 139th St		Vancouver WA 98685	
24. Place of Death, if Death Occurred in a Hospital				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	
708 NW 139th St				Vancouver		WA	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location - City/Town, and State			
Burial		Evergreen Memorial Gardens Cemetery		Vancouver, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Evergreen Memorial Gardens 1101 N 2nd Ave Vancouver WA 98664				October 26, 2013			
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. Paralytic Ticks		Interval between Onset & Death	
				Due to (or as a consequence of):		unknown	
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. Marasmus		Interval between Onset & Death	
				Due to (or as a consequence of):		unknown	
				c. Clostridium Difficile		Interval between Onset & Death	
				Due to (or as a consequence of):		unknown	
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?	
				<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 type="checkbox"/> Not pregnant within past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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					
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)		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 my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				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.			
X							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner				50. Hour of Death (24hrs)			
Dr. S.C. Broersen 1035 N 1st Ave, Vancouver, WA				0625			
51. Name and Title of Attending Physician, if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				10-17-13			
53. Title of Certifier		54. License Number		55. Coroner File Number		56. Was case referred to ME/Coroner?	
MD		60273100				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)			
[Signature]				OCT 18 2013			
59. Amendments							

DOH 01-003 (1/13)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE OFFICE FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE SUPPORT SIGNATURE.



### Affidavit for Correction

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: <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); Spouse A/husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth); Spouse B/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: ☐ 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.  
**We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.**

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	

Birth Certificates:

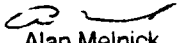
<p>1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</p> <p>2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.</p> <p>3. <u>Child under 18</u></p> <ul style="list-style-type: none"><li>Only parent(s) or legal guardian can change the birth certificate</li><li>Guardian must submit certified court order giving them authority to act on behalf of child(ren).</li><li>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.</li><li>Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.</li><li>To correct 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.</li></ul> <p>4. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)</b></p>	<p><u>Adult (18 years or older)</u></p> <ul style="list-style-type: none"><li>Only the adult themselves can change the birth certificate.</li><li>If the first or middle name is absent, three pieces of documentary proof are required.</li><li>If the first and/or middle name is misspelled, two pieces of documentary proof are required.</li><li>To correct birth date, place of birth or parent's information, one documentary proof is required.</li><li>Proof must be five (or more) years old or have been established within five years of birth.</li></ul>
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Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change
- 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**  
OCT 18 2013  
  
Alan Melnick  
Health Officer  
Clark County Public Health  
YY00167259