

**AFTER RECORDING RETURN TO:**

Name: Wyers|Wyers, Attorneys  
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. Teel, Ida E.

☐ 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):

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
N/A  
AUG 19 2015

PAID N/A  
*[Signature]*  
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-015279

DATE ISSUED: 06/05/2015

FEE NUMBER: 0002024193

GIVEN NAMES: IDA ESTELLA  
LAST NAME: TEEL

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: MAY 31, 2015  
HOUR OF DEATH: 06:45 A.M.  
SEX: FEMALE  
AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: NOVEMBER 25, 1932  
BIRTHPLACE: WHITE SALMON, KLIICKITAT CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: WALTER RAY TEEL

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: 8 YEARS  
US ARMED FORCES? NO

INFORMANT: WALTER TEEL  
RELATIONSHIP: HUSBAND  
ADDRESS: 251 VINE MAPLE ROAD CARSON, WA 98610

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 251 VINE MAPLE ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 251 VINE MAPLE ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610  
INSIDE CITY LIMITS? NO  
COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 43 YEARS

FATHER: WILLIAM BURRIS  
MOTHER: MYRTLE HOFFMAN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY  
CITY, STATE: WHITE SALMON, WA  
DISPOSITION DATE: JUNE 05, 2015

FUNERAL FACILITY: GARDNER FUNERAL HOME INC  
ADDRESS: 1270 NORTH MAIN AVENUE  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:  
A. SQUAMOUS CELL CARCINOMA OF LUNG  
INTERVAL: 6 MONTHS

B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

DATE OF INJURY: UNKNOWN  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK? UNKNOWN  
PLACE OF INJURY: NOT APPLICABLE

LOCATION OF INJURY: UNKNOWN

CITY, STATE, ZIP: UNKNOWN  
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? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: GREGORY ZUCK, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 212 SKYLINE DRIVE  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
DATE SIGNED: JUNE 01, 2015

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 BAEHLER  
DATE RECEIVED: JUNE 02, 2015

1113744 DEATH  
06/25/2015 03:18 PM Page: 2 of 3 Fees: 34.00  
Brenda Sorensen County Auditor, Klickitat County WA

DOH 01-003 (6/14)



**Affidavit for Correction**  
This is a legal document. Complete in ink and do not alter.

Mail to: **Center for Health Statistics**  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300  
[www.doh.wa.gov](http://www.doh.wa.gov)

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:

4. Father/Parent Full Birth Name

5. Mother/Parent Full Birth Name

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:

(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.  
We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record

Certificate of Naturalization

Military Record (DD-214)

Passport

Full Numident Report (Social Security Administration)

Marriage/Divorce Record

Life Insurance Policy

School Transcripts (Official)

Alien Registration (front and back)

Hospital/Medical Record

Birth Certificates

1. Only a parent, legal guardian (if the child is under 18), or the named individual (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

- 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/parent full birth name, father/parent full birth 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 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.
- To correct the sex of the child, submit one proof from a medical provider.

4. 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, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

5. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.

2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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 422-034 June 2014

CERTIFIED

JUN 05 2015

Batters

1113744 DEATH  
06/25/2015 03:18 PM Page: 3 of 3 Fees: 34.00  
Brenda Sorensen County Auditor, Klickitat County WA



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