AFN #2015001746 Recorded 08/19/2015 at 03:52 PM DocType: DEATH Filed by: WYERS LAW, PC Page: 1 of 3 Auditor Robert J. Waymire Skamania County, WA

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) SKAMANIA COUNTY
1. Teel, Ida E. REAL ESTATE EXCISE TAX AUG 1 9 2015
□ Additional names on page of document AUG 1 9 2015
Grantee(s): (Last name first, then first name and initials) PAID NA SKAMANA COUNTY TREASURER
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):

1113744 DEATH 06/25/2015 03:18 PM Page: 1 of 3 Fees: 34.00 Brenda Sorensen County Auditor, Klickitat County WA AFN #2015001746 Page: 2 of 3

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:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: NOVEMBER 25,1932

BIRTHPLACE: WHITE SALMON, KLICKITAT 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 8.

INTERVAL: c.

INTERVAL:

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

PATE SIGNED: JUNE 01,2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE PATE(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 MA

DOH 01-003 (6/14

AFN #2015001746 Page: 3 of 3

State File Number Fee Number Fee Number Initials Date Affidavit Number	Affidavit for Correction						Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814		
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 true fact is: 7. The true fact is: 8. 9. 10. 11. 12. 13. 14. I represent the person as: Self Parent Guardian Informant Telephone Number: 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 5. Signature: 16. Date: 17. Address: 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 5. Signature: 16. Date: 17. Address: 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 1declare under penalty of perjury under the laws of the St	W Health	This is a legal docu				t alter.	360-236-4300		
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Certificate of Naturalization Marriage/Divorce Record Military Record (DD-214) Passport Marriage/Divorce Record Hospital Record Hospital/Medical Record And (If 8 or older) may change the birth certificate. Only the adult themselves can change the birth certificate. If the first or middle name is absent, three pieces of documentary proof are require	Birth R	ecord Full N	umident Report	t (Social Security	Administration)	School Tran	scripts (Official)		
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To correct parent's information, one documentary proof is required. Proof must years of birth. 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. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032) leath 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 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. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. larriage/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	Parent(s) may change the child's first or middle name by completing this proof is required.								
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