

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. Konecny, James Paul

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):

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-039070

DATE ISSUED: 09/28/2016

FEE NUMBER: 0002030773

GIVEN NAMES: JAMES PAUL
LAST NAME: KONECNY

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: SEPTEMBER 25, 2016
HOUR OF DEATH: 11:23 A.M. FOUND
SEX: MALE
AGE: 42 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 431 KING ROAD
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651

SOCIAL SECURITY NUMBER: REDACTED

RESIDENCE STREET: 431 KING ROAD
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 24, 1974
BIRTHPLACE: DES MOINES, IOWA

FATHER/PARENT: PAUL CHARLES KONECNY
MOTHER/PARENT: PATTY ANN RED

MARITAL STATUS: MARRIED
SPOUSE: LYNETTE CHRISTINA RICE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA
DISPOSITION DATE: OCTOBER 03, 2016

OCCUPATION: PROJECT MANAGER INSTRUCTOR
INDUSTRY: COMPUTER COMPANY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

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

INFORMANT: LYNETTE KONECNY
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 40 UNDERWOOD, WA 98651

- CAUSE OF DEATH:
- A. BLUNT FORCE INJURIES
INTERVAL: IMMEDIATE
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: SEPTEMBER 25, 2016
HOUR OF INJURY: UNKNOWN
INJURY AT WORK? NO
PLACE OF INJURY: DECEDANT'S FARM

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

LOCATION OF INJURY: 431 KING ROAD
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98648
COUNTY: SKAMANIA

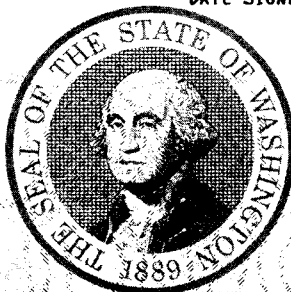
ME/CORONER: DANIEL C MCGILL
TITLE: CORONER
ME/CORONER
ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON WA 986480790
DATE SIGNED: SEPTEMBER 27, 2016

DESCRIBE HOW INJURY OCCURRED:
THE DECEASED BECAME ENTANGLED IN A ROPE AND AUGUR
ATTACHMENT ON A TRACTOR.

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

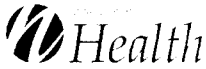
ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 16-08075
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
DATE RECEIVED: SEPTEMBER 28, 2016



Affidavit for Correction

Mail to: **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
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Required	Required information must match current information on record				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record:		2. Date of Event:		3. Place of Event:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address:

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to _____ for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
- Birth/Marriage/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Passport
 - Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), 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** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, a court order is required to change the last name • No proof is required to change the first or middle name* • To correct parent's information, one documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, 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
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*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use 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). The informant may change marital status with proof. 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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

SEP 28 2016

Christopher Spitters, M.D.
 Klickitat County Health Department

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