

AFTER RECORDING RETURN TO:

Name: Wyers|Wyers, Attorneys  
Address: P. O. Box 421  
City/State: Bingen, WA 98605-0421

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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. Burroughs, Robert Boyd

☐ Additional names on page \_\_\_ of document SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

Grantee(s): (Last name first, then first name and initials) N/A

DEC - 7 2016

1. The Public

Refer to Excise # 32280

PAID 12-7-16

☐ Additional names on page \_\_\_ of document *Shirley John Deputy*  
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/  
range/quarter/quarter)

Skamania County Assessor

Date 12-7-16 Parcel# 3-7-25-4-0-408

2nd

☐ Complete legal description is on page \_\_\_ of document

Assessor's Property Tax Parcel/Account Number(s): 03072540040800

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-031659

LOCAL FILE NUMBER: 1121

DATE ISSUED: 08/05/2016

FEE NUMBER: 3907023191

GIVEN NAMES: **ROBERT BOYD**  
 LAST NAME: **BURROUGHS**

SUFFIX: JR

COUNTY OF DEATH: **YAKIMA**  
 DATE OF DEATH: **JULY 17, 2016 FOUND**  
 HOUR OF DEATH: **09:15 A.M. PRESUMED**  
 SEX: **MALE**  
 AGE: **60 YEARS**

SOCIAL SECURITY NUMBER: **REDACTED**

HISPANIC ORIGIN: **NO, NOT HISPANIC**  
 RACE: **WHITE**

BIRTHDATE: **FEBRUARY 11, 1956**  
 BIRTHPLACE: **TAMUNING, GUAM, GUAM**

MARITAL STATUS: **MARRIED**  
 SPOUSE: **LAUREN ZEMANEK**

OCCUPATION: **BUSINESS OWNER**  
 INDUSTRY: **TRUCKING**  
 EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**  
 US ARMED FORCES? **YES**

INFORMANT: **LAUREN BURROUGHS**  
 RELATIONSHIP: **WIFE**  
 ADDRESS: **12 JAMCATS ROAD, STEVENSON, WASHINGTON 98648**

PLACE OF DEATH: **OTHER PLACE**  
 FACILITY OR ADDRESS: **MOUNT ADAMS**  
 CITY, STATE, ZIP: **WHITE SWAN, WASHINGTON 98952**

RESIDENCE STREET: **12 JAMCATS ROAD**  
 CITY, STATE, ZIP: **STEVENSON, WASHINGTON 98648**  
 INSIDE CITY LIMITS? **NO**  
 COUNTY: **SKAMANIA**  
 TRIBAL RESERVATION: **NOT APPLICABLE**  
 LENGTH OF TIME AT RESIDENCE: **17 YEARS**

FATHER/PARENT: **ROBERT BOYD BURROUGHS SR**  
 MOTHER/PARENT: **JUNE ELIZABETH WOOD**

METHOD OF DISPOSITION: **CREMATION**  
 PLACE OF DISPOSITION: **BROOKSIDE CREMATORY**  
 CITY, STATE: **MOXEE, WA**  
 DISPOSITION DATE: **AUGUST 05, 2016**

FUNERAL FACILITY: **BROOKSIDE FUNERAL HOME & CREMATORY, INC.**  
 ADDRESS: **P.O. BOX 1267**  
 CITY, STATE, ZIP: **MOXEE WA 98936**  
 FUNERAL DIRECTOR: **JAMIN J. MOHLER**

CAUSE OF DEATH:  
 A. **SEVERE BODY & HEAD TRAUMA**  
 INTERVAL: **HOURS**

B. **FALL 2000 FEET**  
 INTERVAL: **HOURS**

C.  
 INTERVAL:

D.  
 INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: **JULY 17, 2016**  
 HOUR OF INJURY: **07:24 A.M.**  
 INJURY AT WORK? **NO**  
 PLACE OF INJURY: **MOUNT ADAMS SOUTH FACE**

LOCATION OF INJURY: **BASE OF WHITE SALMON GLAZIER**

CITY, STATE, ZIP: **WHITE SWAN, WASHINGTON 98952**  
 COUNTY: **YAKIMA**

DESCRIBE HOW INJURY OCCURRED:  
**ROBERT WAS HIKING ON SOUTH FACE OF MOUNT ADAMS**  
**WHEN HE FELL.**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
**NOT APPLICABLE**

ITEM(S) AMENDED: **NONE**

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

MANNER OF DEATH: **ACCIDENT**  
 AUTOPSY: **NO**

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

ME/CORONER: **JACK B. HAWKINS**  
 TITLE: **CORONER**

ME/CORONER  
 ADDRESS: **1711 ENGLEWOOD AVENUE**  
 CITY, STATE, ZIP: **YAKIMA WA 98902**  
 DATE SIGNED: **AUGUST 05, 2016**

CASE REFERRED TO ME/CORONER: **NO**  
 FILE NUMBER: **16-361 A9**  
 ATTENDING PHYSICIAN:  
**NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR:  
**EDIT MALDONADO**  
 DATE RECEIVED: **AUGUST 05, 2016**



DOH 01-003 (10/15)



# 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

## STATE OFFICE USE ONLY

|                   |            |          |      |                  |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

### Required information must match current information on record

|                            |   |  |  |                    |
|----------------------------|---|--|--|--------------------|
| <b>Required</b>            | 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:<br>( ) | 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 2 <sup>nd</sup> parent (if required): |
| Printed name:   | Printed name:   |
| Date:           | Date:   |

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) 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

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- 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

#### Adult (18 years or older)

- 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

\*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

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

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

AUG 05 2016

*C. Spitters, M.D.*  
C. Spitters, M.D., Health Officer  
Yakima County Health District

FF00114640