

WHEN RECORDED RETURN TO:

Alvin J Babcock
2609 P.O. Box 195
270th Ave 98640
OCEAN PARK WA.

DOCUMENT TITLE(S)

DEATH CERTIFICATE
~~COMMUNITY PROPERTY AGREEMENT~~

REFERENCE NUMBER(S) of Documents assigned or released:

AFN #2017000780 RECORDED 04/17/2017. AT

☐ Additional numbers on page _____ of document.

GRANTOR(S):

ALICE E. BABCOCK

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
AUG -7 2017

☐ Additional names on page _____ of document.

GRANTEE(S):

ALVIN J. BABCOCK

PAID N/A
Shirley Thomas Neely
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

Lot 2 THE ESTEY SHORT PLAT
BK 3 PG. 193

☐ Complete legal on page _____ of document.

Skamania County Assessor
Date 8-7-17 Parcel# 3-8-20-2-401

TAX PARCEL NUMBER(S):

03-08-20-2-0-0401-00 (circled)

☐ 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.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: _____

Signature/Title: _____

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST ALICE E. BABCOCK		2. Death Date April 19, 2017	
3. Sex (M/F) Female	4a. Age - Last Birthday 70	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0
5. Social Security Number [REDACTED]		6. County of Death Cowlitz	
7. Birthdate Aug. 12, 1946	8a. Birthplace (City, Town, or County) White Salmon	8b. (State or Foreign Country) Washington	9. Decedent's Education Some College
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) Caucasian	
12. Was Decedent ever in U.S. Armed Forces? No		13b. City or Town Ocean Park	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 2609 - 270th Ave.		13c. Residence: County Pacific	13d. Tribal Reservation Name (if applicable) Washington
14. Estimated length of time at residence. 3 Years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Alvin Juno Babcock
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Teacher		18. Kind of Business/Industry (Do not use Company Name) Education	
19. Father's Name (First, Middle, Last, Suffix) Norman Risjord		20. Mother's Name Before First Marriage (First, Middle, Last) Sylvia Hidebrand	
21. Informant's Name Alvin J. Babcock	22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2609 - 270th Ave. Ocean Park, WA 98640	
24. Place of Death, if Death Occurred in a Hospital: Hospice Rm. 112			
25. Facility Name (If not a facility, give number & street or location) Hospice Care Center		26a. City, Town, or Location of Death Longview	26b. State WA
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center	30. Location-City/Town, and State Portland OR
31. Name and Complete Address of Funeral Facility Columbia Funeral Service 1105 Maple St. Longview, WA 98632		32. Date of Disposition April 21, 2017	
33. Funeral Director Signature X <i>Norman K. Nix III</i>			
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)		Interval between Onset & Death Unknown	
a. <u>Respiratory Failure</u>		Due to (or as a consequence of):	
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		Interval between Onset & Death Unknown	
b. <u>Sepsis</u>		Due to (or as a consequence of):	
c. <u>Pneumonia</u>		Due to (or as a consequence of):	
Interval between Onset & Death Unknown		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above DM2 with peripheral gangrene, Acute Kidney Failure, AAB			
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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	
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street 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. X <i>Peggy Knowles ARNP</i>		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 (Type or Print) Peggy Knowles 1035 - 11th Ave. Longview, WA 98632		50. Hour of Death (24hrs) 0225	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) <i>Peggy Knowles ARNP</i>		52. Date Signed (MM/DD/YYYY) 04-20-2017	
53. Title of Certifier ARNP	54. License Number 60605303	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>		58. Date Received (MM/DD/YYYY) APR 20 2017	
59. Amendments			



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	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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: P.O. Box or Street Address	City	State	Zip
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 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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

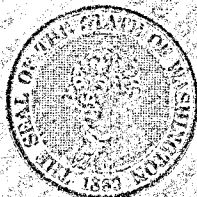
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse 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.

CERTIFIED

DOH 422-034 October 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

Dr. Jennifer Vines, MD, MPH
Health Officer/Registrar
Cowlitz County Health Department
Longview, WA
APR 25 2017



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