

**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. Hansen, James Rone

☐ 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: 2017-037846

LOCAL FILE NUMBER: 17-170

DATE ISSUED: 09/01/2017

FEE NUMBER: 33130

FIRST AND MIDDLE NAME(S): JAMES RONE  
LAST NAME(S): HANSEN

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: AUGUST 28, 2017  
HOUR OF DEATH: 03:13 AM  
SEX: MALE AGE: 88 YEARS  
SOCIAL SECURITY NUMBER: REDACTED

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: MAY 27, 1929  
BIRTHPLACE: PEMBINA, ND

MARITAL STATUS: WIDOWED  
SPOUSE: UNKNOWN

OCCUPATION: SENIOR COMPUTER PROGRAMMER  
INDUSTRY: COMPUTER COMPANY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

INFORMANT: TED HANSEN  
RELATIONSHIP: SON  
ADDRESS: 11731 COOK/UNDERWOOD ROAD UNDERWOOD, WA 98651

CAUSE OF DEATH:  
A: MYOCARDIAL INFARCTION  
INTERVAL: DAYS  
B: CONGESTIVE HEART FAILURE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 11731 COOK/UNDERWOOD ROAD  
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651

RESIDENCE STREET: 11731 COOK/UNDERWOOD ROAD  
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: JOHN HANSEN  
MOTHER/PARENT: MARGARET KROGNESS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 04, 2017

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CHRISTOPHER SAMUELS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 212 SKYLINE DRIVE  
CITY, STATE, ZIP: WHITE SALMON, WA 98672  
DATE SIGNED: AUGUST 29, 2017

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

LOCAL DEPUTY REGISTRAR: LORI KOCH  
DATE RECEIVED: SEPTEMBER 01, 2017



# 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
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### 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: 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 <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

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.

#### 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

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 01 2017

*Christopher Spitters*  
Christopher Spitters, M.D.  
Clallam County Health Department



0 1 2 7 5 5 0 1



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