

RECORDED AT REQUEST OF:
WHEN RECORDED RETURN TO:

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Seattle, WA 98154-1192

Document title(s): **Certified copy of Certificate of Death**

Reference number(s) of document(s) assigned or released (if applicable): **N/A**

Grantor(s): **Richard August Reimann**

Grantee(s): **N/A**

Legal description (abbreviated): **N/A**

Assessor's Tax Parcel Number(s): **N/A**

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-026687

LOCAL FILE NUMBER: 17-147

DATE ISSUED: 06/16/2017

FEE NUMBER: 32608

FIRST AND MIDDLE NAME(S): RICHARD AUGUST
LAST NAME(S): REIMANN

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JUNE 12, 2017

HOUR OF DEATH: 02:25 PM

SEX: MALE AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 61 SHRUM ROAD

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 61 SHRUM ROAD

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

INSIDE CITY LIMITS: NO COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 13 YEARS

BIRTH DATE: SEPTEMBER 23, 1947

BIRTHPLACE:

FATHER/PARENT: SAMUEL AUGUST REIMANN

MOTHER/PARENT: MADELINE SOWASH

MARITAL STATUS: MARRIED

SPOUSE: PATTY WYNN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

OCCUPATION: AIR TRAFFIC CONTROLLER

INDUSTRY: FAA

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: JUNE 16, 2017

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

INFORMANT: PATTY REIMANN

RELATIONSHIP: SPOUSE

ADDRESS: 61 SHRUM ROAD CARSON, WA 98610

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:

A: MALIGNANT NEOPLASM OF THE MAXILLARY SINUS

INTERVAL: SEVERAL YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

CERTIFIER NAME: MICKI KRANTROWITZ, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 6410 HALSEY

CITY, STATE, ZIP: PORTLAND, OREGON 97213

DATE SIGNED: JUNE 15, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORI KOCH

DATE RECEIVED: JUNE 16, 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
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: 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:		Date:		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:				
<ul style="list-style-type: none"> • 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				
<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 				
Adult (18 years or older)				
<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 				
*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

JUN 16 2017

Christopher Spitters
Christopher Spitters, M.D.
Klickitat County Health Department

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



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