

**AFTER RECORDING RETURN TO:**

Joylynn Driscoll  
P.O. Box 374  
Valleyford, WA 99036

**Document Title(s):**

Certificate of Death

**Reference Number(s) of Documents assigned or released:**

**Grantor(s): (Last name first, then first name and initials)**

KRUG, JOSEPH


**Grantee(s): (Last name first, then first name and initials)**

The public

**Abbreviated Legal Description as follows:**

Lot 13, Northwestern Lake Development Subdivision, Bk B, Page 73

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

03 10 03 00 0222 00 

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-036219

LOCAL FILE NUMBER: 4796

DATE ISSUED: 12/15/2015

FEE NUMBER: 0003205063

GIVEN NAMES: JOE  
LAST NAME: KRUG  
AKA: JOSEPH KRUG

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: DECEMBER 10, 2015  
HOUR OF DEATH: 08:45 P.M.  
SEX: MALE  
AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: JANUARY 14, 1940  
BIRTHPLACE: RICHARDTON, NORTH DAKOTA

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: ELECTRICIAN  
INDUSTRY: WOOD MILL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: JOYLYNN DRISCOLL  
RELATIONSHIP: DAUGHTER  
ADDRESS: P O BOX 374 VALLEFORD WA 99036

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 15611 S MADISON  
CITY, STATE, ZIP: VALLEFORD, WASHINGTON 99036

RESIDENCE STREET: 15611 S MADISON  
CITY, STATE, ZIP: VALLEFORD, WASHINGTON 99036  
INSIDE CITY LIMITS? YES

COUNTY: SPOKANE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: CHARLES KRUG  
MOTHER: MARV GILLENBERG

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: PACIFIC NW CREMATORY  
CITY, STATE: SPOKANE, WA  
DISPOSITION DATE: DECEMBER 15, 2015

FUNERAL FACILITY: COMMUNITY CREMATION AND FUNERAL (SPOKANE VALLEY)  
ADDRESS: 13127 EAST SPRAGUE AVENUE  
CITY, STATE, ZIP: SPOKANE VALLEY WA 99216  
FUNERAL DIRECTOR: KOBV'L MAY

CAUSE OF DEATH:  
A. PANCREAS CANCER  
INTERVAL: ONE MONTH  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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

CERTIFIER NAME: CARLISS NEWMAN MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 910 W FIFTH AVE STE 700  
CITY, STATE, ZIP: SPOKANE WA 99204  
DATE SIGNED: DECEMBER 11, 2015

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

LOCAL DEPUTY REGISTRAR:  
JUNE RICE-CRANER  
DATE RECEIVED: DECEMBER 15, 2015



DOH 01-003 (1/15)



# 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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<b>Required</b>	<b>Required information must match current information on record</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 Birth 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: PO 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:	Date:
Printed name:	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 using this form, 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). 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 January 2015  
**SPOKANE REGIONAL HEALTH DISTRICT**

DEC 15 2015



*Joel McCullough*

Joel McCullough  
HEALTH OFFICER

DD00344703