

AFTER RECORDING RETURN TO:

Annette R. Medlin
127 NW Roosevelt St
Stevenson WA 98648

Document Title(s): Death Certificate

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

33004
JAN 3 2018

PAID

Exempt
ca deputy
SKAMANIA COUNTY TREASURER

Reference Number(s) of Documents assigned or released:

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

Medlin, John Keven

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

Medlin, Annette R.

Abbreviated Legal Description as follows:

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

Skamania County Assessor
Date ~~8-20-17~~ 1-3-18 Parcel# ~~03-07-36-3-4-3300-00~~ 03-07-36-3-4-3300-00
Jim Du

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

Local File Number

756

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix John Reven Medlin				2. Death Date March 16, 2015	
3. Sex (M/F) Male	4a. Age - Last Birthday 66	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Clark
7. Birthdate March 1, 1949	8a. Birthplace (City, Town, or County) Richland		8b. (State or Foreign Country) Washington		9. Decedent's Education Master's Degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 145 NW Roosevelt St.				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98648
14. Estimated length of time at residence. 37 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Annette Ruth Clarke	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Superintendent				18. Kind of Business/Industry (Do not use Company Name) Education	
19. Father's Name (First, Middle, Last, Suffix) John B. Medlin			20. Mother's Name Before First Marriage (First, Middle, Last) Margaret Ellen Ohman		
21. Informant's Name Annette Medlin		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 145 NW Roosevelt St. Stevenson, WA 98648	
24. Place of Death, if Death Occurred in a Hospital: Inpatient				25. Facility Name, (If not a facility, give number & street or location) Peace Health Southwest Washington Medical Center	
26a. City, Town, or Location of Death Vancouver		26b. State WA		27. Zip Code 98664	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, WA	
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Avenue Camas, WA 98607				32. Date of Disposition 03/18/2015	
33. Funeral Director Signature <i>[Signature]</i>					
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) a. Sepsis 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 b. ST. Flavation MI Due to (or as a consequence of): c. Acute Renal Failure Due to (or as a consequence of): 35. Other significant conditions contributing to death but not resulting in the underlying cause given above Atrial Fibrillation, prior CVA 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"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending 39. If female <input checked="" 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 checked="" type="checkbox"/> Probably <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk 45. Location of Injury: Number & Street: Apt No. 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. 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. 49. Name and Address of Certifying Physician, Medical Examiner or Coroner (Type or Print) Stephen Korman 400 NE Mother Joseph Place Vancouver, WA 98661 50. Hour of Death (24hrs) 0900 Hours 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (MM/DD/YYYY) 3/16/2015 53. Title of Certifier MD 54. License Number 00040158 55. ME/Coroner File Number 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 57. Registrar Signature 58. Date Received (MM/DD/YYYY) MAR 19 2015 59. Amendments					

DOH/CHS 003 Rev. 07/09/07

DOH/CHS 003 (6/14)



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
www.doh.wa.gov

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: City or County
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4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: (Printed Name)	16. Date:	17. Address:
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All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

Birth Certificates

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the 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). 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

CERTIFIED

MAR 19 2015

Alan Melnick
Health Officer
Clark County Public Health

BB00203277