

AFTER RECORDING RETURN TO:

Name: Beth A. Read  
Address: 1912 Bear Creek Road  
City/State: Carson, WA 98610

DOCUMENT TITLE(S): (or transactions contained therein)

1. **Death Certificate**

GRANTOR(S): (Last name first, then first name and initials)

1. **Dale William Charles Andrew**

☐ Additional names on page \_\_\_\_\_ of document

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
MAY - 9 2018

GRANTEE(S): (Last name first, then first name and initials)

1. **Beth Ann Read**

☐ Additional names on page \_\_\_\_\_ of document

PAID N/A  
*Beth Ann Read*  
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows:

Lot 1 of Gary Hegewald Short Plat, NW NW, Sec. 8, T 3N, R 8E, W.M.

Lot 1 of Dale Andrew Short Plat, NW NW, Sec. 8, T 3N, R 8E, W.M.

☐ Complete legal description is on pages 4 and 5 of document

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

03080800021400

Skamania County Assessor

03080800020600

Date 5-24-18 Parcel# 03080800021400  
5-9-18 LM 03080800020600

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-014099

DATE ISSUED: 04/06/2016

FEE NUMBER: 0002028777

GIVEN NAMES: DALE WILLIAM CHARLES  
LAST NAME: ANDREW

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: MARCH 31, 2016  
HOUR OF DEATH: 01:10 P.M.  
SEX: MALE  
AGE: 55 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: APRIL 26, 1960  
BIRTHPLACE: MAVERTHORPE, ALBERTA, CANADA

MARITAL STATUS: MARRIED  
SPOUSE: BETH ANN READ

OCCUPATION: FIREFIGHTER  
INDUSTRY: FIRE DEPARTMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: BETH READ  
RELATIONSHIP: SPOUSE  
ADDRESS: 1912 BEAR CREEK ROAD CARSON, WA 98610

CAUSE OF DEATH:  
A. RESPIRATORY ARREST  
INTERVAL: HOURS  
B. AMYOTROPHIC LATERAL SCLEROSIS  
INTERVAL: MONTHS  
C. PROGRESSIVE NEUROLOGIC DISEASE  
INTERVAL: YEARS  
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

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1912 BEAR CREEK ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 1912 BEAR CREEK ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610  
INSIDE CITY LIMITS? NO

COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER/PARENT: DONALD EDMUND ANDREW  
MOTHER/PARENT: MARGARET MCCASTLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY  
CITY, STATE, ZIP: WHITE SALMON, WA  
DISPOSITION DATE: APRIL 07, 2016

FUNERAL FACILITY: GARDNER FUNERAL HOME INC  
ADDRESS: 1270 NORTH MAIN AVENUE  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

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: DEANA DAHL, ARNP  
TITLE: ARNP  
CERTIFIER  
ADDRESS: 212 SKYLINE DRIVE  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
DATE SIGNED: APRIL 06, 2016

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

LOCAL DEPUTY REGISTRAR:  
AMANDA HERTEL  
DATE RECEIVED: APRIL 06, 2016



DOH-04-003 (12/11)

		<h2 style="margin: 0;">Affidavit for Correction</h2>		Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 (360) 236-4300	
<b>This is a legal Document. Complete in ink and do not alter.</b>					
<b>STATE OFFICE USE ONLY</b>					
State File Number	Fee Number	Initials	Date	Affidavit Number	
<b>Use the section below for requesting any changes on the record.</b>					
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution					
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:					
<b>The Record now shows:</b>			<b>The True fact is:</b>		
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            Telephone Number: <div style="margin-left: 100px;"> <input type="checkbox"/> Funeral Director            <input type="checkbox"/> Other (Specify)           </div>					
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.					
15. Signature:		16. Date:		17. Address:	
All vital records are registered as received. <b>Most changes must be established by documentary proof submitted with the affidavit</b> Examples of documentary proof:    Certificate of Naturalization    Numident Report (Social Security Administration)    School Transcripts (Official) Hospital /Medical Record    Military Record (DD-214)    Voter's Registration Card (if it bears an effective date) Life Insurance Policy    Birth Record    Alien Registration Card (front and back) Marriage/Divorce Record    Passport    We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.					
<b>Birth Certificates:</b>					
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 2. 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. 3. <b>Child (under 18)</b> • Only parent(s) or legal guardian can change the birth certificate. • 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's maiden name, father's 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 birth date, place of birth or parent's information, one documentary proof is required. <b>Adult (18 years or older)</b> • 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 and/or middle name is misspelled, two pieces of documentary proof are required. • To correct birth date, place of birth or 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. 4. <b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)</b>					
<b>Death Certificates:</b>					
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.					
<b>Marriage/Dissolution (Divorce) Certificates:</b>					
1. 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. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.					

DOH/CHS 023a January 2012

# CERTIFIED

## APR 06 2016

  
 Christopher Spitters, M.D.  
 Klickitat County Health Department

## WW00628487