

**WHEN RECORDED RETURN TO:**

Kathy Riner

PO Box 925

Washougal, WA

98671

**DOCUMENT TITLE(S)**

Death Certificate

**REFERENCE NUMBER(S)** of Documents assigned or released:

N/A

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

**GRANTOR(S):**

Thomas K. Riner

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

**GRANTEE(S):**

Public

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

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

N/A

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

N/A

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

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A

MAY 14 2018

N/A

PAID  
*Robert J. Waymire*  
SKAMANIA COUNTY TREASURER

LPB 01-05

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-018796

LOCAL FILE NUMBER: 8014

DATE ISSUED: 04/26/2018

FEE NUMBER:

 FIRST AND MIDDLE NAME(S): THOMAS KENNETH  
 LAST NAME(S): RINER

 COUNTY OF DEATH: CLARK  
 DATE OF DEATH: APRIL 20, 2018  
 HOUR OF DEATH: 04:03 PM  
 SEX: MALE AGE: 80 YEARS  
 SOCIAL SECURITY NUMBER: [REDACTED]

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

 BIRTH DATE: APRIL 04, 1938  
 BIRTHPLACE: MORRISTOWN, NJ

 MARITAL STATUS: MARRIED  
 SPOUSE: KATHY ELAINE MASON

 OCCUPATION: PROGRAM MANAGER  
 INDUSTRY: SOFTWARE INDUSTRY  
 EDUCATION: ASSOCIATE DEGREE  
 US ARMED FORCES: YES

 INFORMANT: KATHY ELAINE RINER  
 RELATIONSHIP: WIFE  
 ADDRESS: PO BOX 925 WASHOUGAL, WA 98671

 CAUSE OF DEATH:  
 A: ENCEPHALOPATHY OF UNKNOWN ORIGIN  
 INTERVAL: DAYS

 B: INTERVAL:  
 C: INTERVAL:  
 D: INTERVAL:

 OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBROVASCULAR  
 ACCIDENT, HYPERTENSION, DEMENTIA

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

 PLACE OF DEATH: HOSPICE  
 FACILITY OR ADDRESS: RAY HICKEY HOSPICE HOUSE  
 CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98671

 RESIDENCE STREET: 182 JENNIFER WAY  
 CITY, STATE, ZIP: WASHOUGAL, WA 98671  
 INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
 TRIBAL RESERVATION: NOT APPLICABLE  
 LENGTH OF TIME AT RESIDENCE: 25 YEARS

 FATHER/PARENT: LISLE RINER  
 MOTHER/PARENT: EDITH BARKER

 METHOD OF DISPOSITION: CREMATION  
 PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

 CITY, STATE: VANCOUVER, WASHINGTON  
 DISPOSITION DATE: APRIL 25, 2018

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

 ADDRESS: 605 E. BARNES STREET SUITE 206  
 CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661  
 FUNERAL DIRECTOR: NICHOLAS R. BROWN

 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

 CERTIFIER NAME: SUZANNE FRIEBERG, ARNP  
 TITLE: ARNP  
 CERTIFIER ADDRESS: 5400 MACARTHUR BLVD  
 CITY, STATE, ZIP: VANCOUVER, WA 98668  
 DATE SIGNED: APRIL 25, 2018

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

 LOCAL DEPUTY REGISTRAR: ELLEN WELSH  
 DATE RECEIVED: APRIL 25, 2018



# 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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<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 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:**

<b>The record now shows:</b>		<b>The true fact is:</b>	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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

- 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.
- 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.
- 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)**

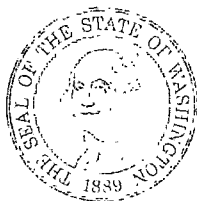
#### Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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**

APR 26 2018

*Alan Melnick*

Alan Melnick  
Health Officer  
Clark County Public Health



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