

AFTER RECORDING RETURN TO:

Name: Wyers|Wyers, Attorneys
Address: P. O. Box 421
City/State: Bingen, WA 98605-0421

Document Title(s): (or transactions contained therein)

1. Certificate of Death

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page ____ of document

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

1. Mahorney, Jennifer Kaye

☐ Additional names on page ____ of document

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

1. The Public

☐ Additional names on page ____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/
range/quarter/quarter)

☐ Complete legal description is on page ____ of document

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

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2018-013492**

DATE ISSUED: **03/27/2018**

FEE NUMBER: **34254**

FIRST AND MIDDLE NAME(S): **JENNIFER KAYE**

LAST NAME(S): **MAHORNEY**

COUNTY OF DEATH: **SKAMANIA**

DATE OF DEATH: **MARCH 20, 2018**

HOUR OF DEATH: **09:24 AM FOUND**

SEX: **FEMALE**

AGE: **48 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**

RACE: **WHITE**

BIRTH DATE: **NOVEMBER 24, 1969**

BIRTHPLACE: **SPOKANE, WA**

MARITAL STATUS: **SINGLE, NEVER MARRIED**

SPOUSE: **NOT APPLICABLE**

OCCUPATION: **TEACHER**

INDUSTRY: **EDUCATION**

EDUCATION: **BACHELOR'S DEGREE**

US ARMED FORCES: **NO**

INFORMANT: **RICH MAHORNEY**

RELATIONSHIP: **BROTHER**

ADDRESS: **9903 SW 57TH AVE PORTLAND, OR 97219**

CAUSE OF DEATH:

A: **DIABETES**

INTERVAL: **UNKNOWN**

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:

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

PLACE OF DEATH: **HOME**

FACILITY OR ADDRESS: **355 EVERGREEN DRIVE UNIT 73**

CITY, STATE, ZIP: **NORTH BONNEVILLE, WASHINGTON 98639**

RESIDENCE STREET: **355 EVERGREEN DRIVE 73**

CITY, STATE, ZIP: **NORTH BONNEVILLE, WA 98639**

INSIDE CITY LIMITS: **NO**

COUNTY: **SKAMANIA**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **8 YEARS**

FATHER/PARENT: **WILLIAM MAHORNEY**

MOTHER/PARENT: **WILMA ERDMAN**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **COLUMBIA RIVER CREMATORY**

CITY, STATE: **WHITE SALMON, WASHINGTON**

DISPOSITION DATE: **MARCH 27, 2018**

FUNERAL FACILITY: **GARDNER FUNERAL HOME INC**

ADDRESS: **1270 NORTH MAIN AVENUE**

CITY, STATE, ZIP: **WHITE SALMON, WASHINGTON 98672**

FUNERAL DIRECTOR: **DEREK F. KRENTZ**

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: **UNKNOWN IF PREGNANT WITHIN THE PAST YEAR**

CERTIFIER NAME: **ADAM N. KICK**

TITLE: **CORONER/ME**

CERTIFIER ADDRESS: **240 NW VANCOUVER AVENUE**

CITY, STATE, ZIP: **STEVENSON, WA 986480790**

DATE SIGNED: **MARCH 23, 2018**

CASE REFERRED TO ME/CORONER: **NO**

FILE NUMBER: **18-01739**

ATTENDING PHYSICIAN: **CONNIE STROM**

LOCAL DEPUTY REGISTRAR: **LISA S. MITCHELL**

DATE RECEIVED: **MARCH 26, 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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Required information must match current information on record

Required	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			
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Telephone Number: ()	Email Address:
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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):
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Printed name:	Date:	Printed name:	Date:
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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:

- 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



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

CERTIFIED

MAR 27 2018

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



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