

**AFTER RECORDING RETURN TO:**

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

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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. Kingsley, Peter T.

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

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

1. Kingsley, Paula J.

☐ 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: 2015-037257

DATE ISSUED: 01/05/2016

FEE NUMBER: 0002027151

GIVEN NAMES: PETER THOMAS  
LAST NAME: KINGSLEY

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: DECEMBER 20, 2015  
HOUR OF DEATH: 05:10 A.M.  
SEX: MALE  
AGE: 61 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: JULY 06, 1954  
BIRTHPLACE: TEANECK, NEW JERSEY

MARITAL STATUS: MARRIED  
SPOUSE: PAULA JOAN NOBLE

OCCUPATION: COORDINATOR  
INDUSTRY: HOSPITAL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: PAULA KINGSLEY  
RELATIONSHIP: SPOUSE  
ADDRESS: 41 HUMMINGBIRD LANE WHITE SALMON, WA 98672

CAUSE OF DEATH:  
A. RESPIRATORY FAILURE  
INTERVAL: 4 DAYS  
B. MULTIPLE SCLEROSIS  
INTERVAL: 26 YEARS  
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

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 41 HUMMINGBIRD LANE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

RESIDENCE STREET: 41 HUMMINGBIRD LANE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
INSIDE CITY LIMITS? NO  
COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER/PARENT: JOHN LLOYD KINGSLEY  
MOTHER/PARENT: MARGUERITE CHAPMAN

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: WHITE SALMON CEMETERY  
CITY, STATE, ZIP: WHITE SALMON, WA  
DISPOSITION DATE: DECEMBER 23, 2015

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: F. JOSEPH RINELLA, DO  
TITLE: OSTEOPATHIC PHYSICIAN  
CERTIFIER  
ADDRESS: 212 SKYLINE DRIVE  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
DATE SIGNED: DECEMBER 21, 2015

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

LOCAL DEPUTY REGISTRAR:  
AMANDA HERTEL  
DATE RECEIVED: DECEMBER 22, 2015



DOH 01-003 (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
1. Name on record: First Middle Last
2. Date of Event:
3. Place of Event: City or County
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

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

JAN 05 2016

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

BB00056316