

WHEN RECORDED RETURN TO:

Josie Hileman
42 Cenoa Lane
Washougal WA 98671

CL 10791

DOCUMENT TITLE(S)
Death Certificate
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
GRANTOR(S):
Dennis Dewey Hileman
GRANTEE(S):
The Public
BENEFICIARY:
TRUSTEE:
ABBREVIATED LEGAL DESCRIPTION:
PTN SEC 34, T2N, R5EWM
TAX PARCEL NUMBER(S):
02 05 34 0 0 0100 00

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. The fee for non-standard processing is \$50.00.

Signature of Requesting Party

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
AUG -7 2018

PAID N/A
Shelley Mini Deputy
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-016401

LOCAL FILE NUMBER: 7887

DATE ISSUED: 04/12/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENNIS DEWEY
LAST NAME(S): HILEMAN

COUNTY OF DEATH: CLARK
DATE OF DEATH: APRIL 10, 2018
HOUR OF DEATH: 12:26 PM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: SEPTEMBER 09, 1943
BIRTH PLACE: CLAY CENTER, KS

MARITAL STATUS: MARRIED
SPOUSE: JOSIE EDNA BEECHER

OCCUPATION: OWNER/OPERATOR
INDUSTRY: MEDICAL BILLING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: JOSIE EDNA HILEMAN
RELATIONSHIP: WIFE
ADDRESS: 42 CENOA LANE WASHOUGAL, WA 98671

CAUSE OF DEATH:
A. MASSIVE MALIGNANT ASCITES
INTERVAL: 5 DAYS
B. LARGE B CELL LYMPHOMA
INTERVAL: 2 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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 42 CENOA LANE
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

FATHER/PARENT: CLIFFORD DEWEY HILEMAN
MOTHER/PARENT: IRMA PAULINE BENTLEY

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

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: APRIL 12, 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: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HAO LIU, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL
CITY, STATE, ZIP: VANCOUVER, WA 98664
DATE SIGNED: APRIL 12, 2018

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

LOCAL DEPUTY REGISTRAR: TARA VAWTER
DATE RECEIVED: APRIL 12, 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	Required information must match current information on record			
	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):
Printed name:	Printed name:
Date:	Date:

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.

<p>Child under 18</p> <ul style="list-style-type: none"> 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> 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
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*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

APR 12 2018

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health



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