

<b>WHEN RECORDED RETURN TO:</b>
CARLA GROAT
P.O. Box 974
Carson WA. 98610

<b>DOCUMENT TITLE(S)</b>
RE RECORD DEATH Certificate
<b>REFERENCE NUMBER(S)</b> of Documents assigned or released:
2014 000 812
<input type="checkbox"/> Additional numbers on page _____ of document.
<b>GRANTOR(S):</b>
Raymond E Groat
<input type="checkbox"/> Additional names on page _____ of document.
<b>GRANTEE(S):</b>
Public
<input type="checkbox"/> Additional names on page _____ of document.
<b>LEGAL DESCRIPTION</b> (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
<input type="checkbox"/> Complete legal on page _____ of document.
<b>TAX PARCEL NUMBER(S):</b>
<input type="checkbox"/> 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.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-007945

DATE ISSUED: 04/17/2014

FEE NUMBER: 0000000005

GIVEN NAMES: **RAYMOND EARL**  
LAST NAME: **GROAT**COUNTY OF DEATH: **SKAMANIA**  
DATE OF DEATH: **APRIL 07, 2014**  
HOUR OF DEATH: **10:37 P.M.**  
SEX: **MALE**  
AGE: **68 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**  
RACE: **WHITE**BIRTHDATE: **DECEMBER 01, 1945**  
BIRTHPLACE: **PORTLAND, MULTNOMAH CNTY, OREGON**MARITAL STATUS: **MARRIED**  
SPOUSE: **CARLA SUE TRACHSEL**OCCUPATION: **MECHANIC**  
INDUSTRY: **STATE DEPT. OF TRANSPORTATION**  
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**  
U.S. ARMED FORCES? **YES**INFORMANT: **CARLA GROAT**  
RELATIONSHIP: **SPOUSE**  
ADDRESS: **742 METZGER ROAD, CARSON, WA 98610**PLACE OF DEATH: **HOME**  
FACILITY OR ADDRESS: **742 METZGER ROAD**  
CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**RESIDENCE STREET: **742 METZGER ROAD**  
CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**  
INSIDE CITY LIMITS? **YES**COUNTY: **SKAMANIA**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **32 YEARS**FATHER: **M EARL GROAT**  
MOTHER: **MARY BALLARD**METHOD OF DISPOSITION: **CREMATION**  
PLACE OF DISPOSITION: **CASCADE CREMATION CENTER**  
CITY, STATE: **TUALATIN, OR**  
DISPOSITION DATE: **APRIL 11, 2014**FUNERAL FACILITY: **CROWN MEMORIAL CENTER - PORTLAND**  
ADDRESS: **832 NE BROADWAY**  
CITY, STATE, ZIP: **PORTLAND OR 97232**  
FUNERAL DIRECTOR: **SARA E. HARWOOD-KARLIK**CAUSE OF DEATH:  
A. **NON SMALL-CELL LUNG CANCER**  
INTERVAL: **4 YEARS**

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:

MANNER OF DEATH: **NATURAL**AUTOPSY: **NO**AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**  
DID TOBACCO USE CONTRIBUTE TO DEATH? **PROBABLY**  
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**CERTIFIER NAME: **CRAIG TANNER MD**  
TITLE: **PHYSICIAN**CERTIFIER:  
ADDRESS: **3710 SW US VETERANS HOSPITAL RD**  
CITY, STATE, ZIP: **PORTLAND OR 97239**  
DATE SIGNED: **APRIL 10, 2014**STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLEITEM(S) AMENDED: **NONE**NUMBER(S): **NONE**  
DATE(S): **NONE**CASE REFERRED TO ME/CORONER: **NO**  
FILE NUMBER: **NOT APPLICABLE**  
ATTENDING PHYSICIAN:  
**CRAIG TANNER MD**LOCAL DEPUTY REGISTRAR:  
**LADONNA BAEHLER**  
DATE RECEIVED: **APRIL 10, 2014**

DOH 01-003 (6/10)





## Affidavit for Correction

**This is a legal Document. Complete in ink and do not alter.**

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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**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:		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 Name (For Birth): (Wife for Marriage or Dissolution)		

The Record is Incorrect or Incomplete as follows:

<p style="text-align: center;">The Record now shows:</p> <p>6. _____</p> <p>8. _____</p> <p>10. _____</p> <p>12. _____</p>	<p style="text-align: center;">The True fact is:</p> <p>7. _____</p> <p>9. _____</p> <p>11. _____</p> <p>13. _____</p>
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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 foregoing is true and correct.

15. Signature: _____	16. Date: _____	17. Address: _____
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

**All changes must be established by documentary proof submitted with the affidavit.**

Examples of documentary proof:

Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Transcripts Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back) We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.
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#### Birth Certificates:

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. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

#### Death Certificates:

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.

#### Marriage/Dissolution (Divorce) Certificates:

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.

# CERTIFIED

APR 17 2014

Sarah Present  
 Health Officer  
 Skamania Co., Public Health  
 0000110501

DOH/CHS 023a 6/11/10