

WHEN RECORDED RETURN TO:

Katharina J. Todd
289 Sw Attwell Rd
Stevenson, Wa 98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

DOCUMENT TITLE(S)

Certificate of Death

N/A
NOV 19 2018
N/A

REFERENCE NUMBER(S) of Documents assigned or released

2012181105

SKAMANIA COUNTY TREASURER

☐ Additional numbers on page ____ of document.

GRANTOR(S):

Timothy O. Todd Katharina J. Todd

☐ Additional names on page ____ of document.

GRANTEE(S):

Katharina J. Todd

☐ Additional names on page ____ of document.

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

Section 2. Township 2 North, Range 7 East of the
Willamette Meridian

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

02-07-02-4-1-0100-00

☐ 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: 2018-048317

DATE ISSUED: 11/08/2018

FEE NUMBER: 35711

FIRST AND MIDDLE NAME(S): TIM O

LAST NAME(S): TODD

AKA: TIMOTHY OSBORN TODD

AKA:

AKA:

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: NOVEMBER 04, 2018

HOUR OF DEATH: 01:00 PM

SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 289 SW ATTWELL ROAD

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 289 SW ATTWELL ROAD

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 38 YEARS

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 30, 1937

BIRTHPLACE: MINNEAPOLIS, MN

MARITAL STATUS: MARRIED

SPOUSE: KATHARINA J DOUVEN

OCCUPATION: MILITARY

INDUSTRY: U S GOVERNMENT

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

FATHER/PARENT: GILMORE P TODD

MOTHER/PARENT: GLADYS OSBORN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: NOVEMBER 07, 2018

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

INFORMANT: KATHARINA J TODD

RELATIONSHIP: SPOUSE

ADDRESS: 289 SW ATTWELL ROAD, STEVENSON, WA 98648

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:

A: PROSTATE CANCER

INTERVAL: 9 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: STEPHEN MCLENNON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2621 WASCO STREET

CITY, STATE, ZIP: HOOD RIVER, OR 97031

DATE SIGNED: NOVEMBER 06, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: STEPHEN MCLENNON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: NOVEMBER 07, 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):
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.

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

NOV 08 2018

Karleen Swarztrauber, M.D., MPH
Klickitat County Health Department



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