

Recorded at request of:  
Bauer Pitman Snyder Huff  
Lifetime Legal, PLLC  
1235 - 4th Avenue East, Suite 200  
Olympia, WA 98506

**Document Title(s)**  
DEATH CERTIFICATE

**Reference Number(s) of Related Documents**

**Grantor(s) (Last, First and Middle Initial)**  
SNOWDEN, Jack E.

**Grantee(s) (Last, First and Middle Initial)**  
The Public

**Abbreviated Legal Description**

**Additional legal is on page**

**Assessor's Property Tax Parcel Number**

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-042607

DATE ISSUED: 10/03/2018  
FEE NUMBER: 35487

FIRST AND MIDDLE NAME(S): JACK EUGENE  
LAST NAME(S): SNOWDEN

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: OCTOBER 01, 2018  
HOUR OF DEATH: 11:30 AM  
SEX: MALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 25, 1933  
BIRTHPLACE: TX

MARITAL STATUS: MARRIED  
SPOUSE: LAVAUGHN EVELYN CATTERSON

OCCUPATION: COSMETOLOGIST  
INDUSTRY: SMALL BUSINESS OWNER  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: DAN CARTER  
RELATIONSHIP: SON  
ADDRESS: 1821 LINCOLN ST. HOOD RIVER, OR 97031

CAUSE OF DEATH:  
A: NATURAL CAUSES  
INTERVAL: 2 WEEKS  
B: ISCHEMIC CONGESTIVE HEART FAILURE  
INTERVAL: 10 YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CARDIOMYOPATHY, CHRONIC  
OBSTRUCTIVE PULMONARY DISEASE

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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: ROCK COVE ASSISTED LIVING  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 986 ROCK CREEK DRIVE 112  
CITY, STATE, ZIP: STEVENSON, WA 98648  
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: LLOYD ALTON SNOWDEN  
MOTHER/PARENT: RUBY LEE THREAT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON  
DISPOSITION DATE: OCTOBER 03, 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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: TROY WITHERRITE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 65371 HIGHWAY 14  
CITY, STATE, ZIP: WHITE SALMON, WA 98672  
DATE SIGNED: OCTOBER 01, 2018

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL  
DATE RECEIVED: OCTOBER 02, 2018

**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	
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									
Telephone Number: ( )				Email Address:					
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 <sup>nd</sup> parent (if required):					
Printed name:			Date:		Printed name:			Date:	
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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:									
<ul style="list-style-type: none"><li>• Birth/Marriage/Divorce record</li><li>• Military record (DD-214)</li><li>• School transcripts</li><li>• Social Security Numident Report</li><li>• Certificate of Naturalization</li><li>• Hospital/medical record</li><li>• Passport</li><li>• Green/Permanent Resident card (I-551)</li></ul>									
<b>Birth Certificates</b>									
1. 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.									
2. 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.									
3. Documentary proof must be five or more years old or established within five years of birth.									
<b>Child under 18</b>				<b>Adult (18 years or older)</b>					
<ul style="list-style-type: none"><li>• If legal guardian(s), include certified court order proving guardianship</li><li>• 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)*</li><li>• After age one, a court order is required to change the last name</li><li>• No proof is required to change the first or middle name*</li><li>• To correct parent's information, one documentary proof is required.</li><li>• To correct the sex of the child, one documentary proof from a medical provider is required</li></ul>				<ul style="list-style-type: none"><li>• Only the adult can change his or her birth certificate</li><li>• If the first or middle name is missing, three pieces of documentary proof are required</li><li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li><li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li></ul>					
*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)									
<b>Death Certificates</b>									
1. 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.									
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.									
<b>Marriage/Dissolution (Divorce) Certificates</b>									
1. 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.									
2. 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

03 OCT 2018

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



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