

WHEN RECORDED RETURN TO:

Cindy K Shields
122 Kathy Ln Rd
Stevenson, WA
98648

DOCUMENT TITLE(S)

 Cert. of Death

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

33732

MAR 20 2019

REFERENCE NUMBER(S) of Documents assigned or released:

PAID ~~EXEMPT~~
Cindy K Shields
SKAMANIA COUNTY TREASURER

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Donald Charles Hardman

☐ Additional names on page _____ of document.

GRANTEE(S):

Cindy K Shields

☐ Additional names on page _____ of document.

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

LOT 1 of Tietzel Short Plat filed BK 2/
Pg 222 AFN 92811 Record of Skamania Co.

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

Skamania County Assessor

0308 26 00 120280

Date 3-20-19 Parcel# 03082600120280
03082600120280
Jm

☐ 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.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: _____

Signature/Title: _____

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-047725

LOCAL FILE NUMBER: 9835

DATE ISSUED: 11/05/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONALD CHARLES
LAST NAME(S): HARDMAN

COUNTY OF DEATH: CLARK
DATE OF DEATH: OCTOBER 30, 2018
HOUR OF DEATH: 02:19 PM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JULY 31, 1934
BIRTHPLACE: HOT SPRINGS, SD

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

OCCUPATION: HEAD WAREHOUSEMAN
INDUSTRY: CIVIL SERVICE
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

INFORMANT: CINDY KAY SHIELDS
RELATIONSHIP: DAUGHTER
ADDRESS: 122 KATHY LANE ROAD, STEVENSON, WA 98648

CAUSE OF DEATH:
A: ALZHEIMER'S DISEASE WITHOUT BEHAVIORAL DISTURBANCE
INTERVAL: YEARS
B: RECURRENT URINARY TRACT INFECTIONS
INTERVAL: 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: OTHER PLACE
FACILITY OR ADDRESS: KENT PLACE, 2647 NW KENT STREET
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

RESIDENCE STREET: 2647 NW KENT STREET
CITY, STATE, ZIP: CAMAS, WA 98607
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER/PARENT: CHARLES R HARDMAN
MOTHER/PARENT: MILDRED HIXSON

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

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: NOVEMBER 02, 2018

FUNERAL FACILITY: HAMILTON-MYLAN FUNERAL HOME

ADDRESS: 302 WEST 11TH ST
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98660
FUNERAL DIRECTOR: DAVID R FULLER

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: ELIZABETH P. LEVESQUE, DO
TITLE: DO
CERTIFIER ADDRESS: 2701 NW VAUGHN ST
CITY, STATE, ZIP: PORTLAND, OR 972105344
DATE SIGNED: OCTOBER 31, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ELIZABETH LEVESQUE, PA

LOCAL DEPUTY REGISTRAR: KATHY
DATE RECEIVED: NOVEMBER 02, 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	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 2nd parent (if required):

Printed name: Date: Printed name: 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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

NOV 05 2018

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health



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