

**Recording Requested By**  
**First American Mortgage Solutions**  
**RETURN NAME and ADDRESS**

Shapiro & Sutherland, LLC

6950 SW Hampton St, Ste 340

Tigard, OR 97223

0754819

Please Type or Print Neatly and Clearly All Information

**Document Title(s)**

Death Certificate

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

N/A

**Grantor(s)** (Last Name, First Name, Middle Initial)

Heartman, Kristina Elizabeth

**Grantee(s)** (Last Name, First Name, Middle Initial)

The Public

**Legal Description** (Abbreviated form is acceptable, i.e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)

N/A

**Assessor's Tax Parcel ID Number**

N/A

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

**Sign below only if your document is Non-Standard.**

I am requesting an emergency non-standard 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 parts of the text of the original document. Fee for non-standard processing is \$50.

\_\_\_\_\_  
Signature of Requesting Party

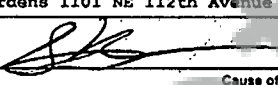
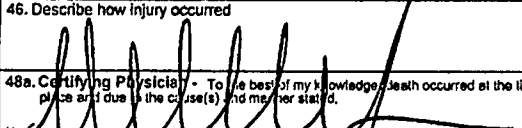
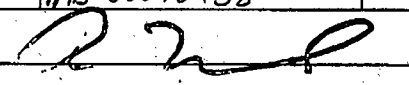
# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **2388**

## Washington State Certificate of Death

State File Number

**2015 72833**

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Kristina Elizabeth Heartman</b>				2. Death Date <b>Sep 7, 2015</b>	
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>47</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number	
7. Birthdate		8a. Birthplace (City, Town, or County) <b>Denver</b>		8b. (State or Foreign Country) <b>Colorado</b>	
9. Decedent's Education <b>Master's Degree</b>				6. County of Death <b>Clark</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>White</b>	
12. Was Decedent ever in U.S. Armed Forces? <b>No</b>					
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>92 Camp Cedars Lane</b>				13b. City or Town <b>Stevenson</b>	
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	
13f. Zip Code + 4 <b>98648</b>		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. <b>6 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Kevin King</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Owner/Operator</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Brewery</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>David Charles Heartman</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Sandra Guth</b>	
21. Informant's Name <b>Kevin King</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>92 Camp Cedars Lane Stevenson WA 98648</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>				Place of Death, if Death Occurred Somewhere Other than a Hospital:	
25. Facility Name (If not a facility, give number & street or location) <b>PeaceHealth Southwest Medical Center</b>				26a. City, Town, or Location of Death <b>Vancouver</b>	
26b. State <b>WA</b>		27. Zip Code <b>98664</b>			
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Evergreen Memorial Gardens Crematory</b>			
30. Location - City/Town, and State <b>Vancouver, Washington</b>				31. Name and Complete Address of Funeral Facility <b>Evergreen Memorial Gardens 1101 NE 112th Avenue Vancouver WA 98684</b>	
32. Date of Disposition <b>Sep 14, 2015</b>				33. Funeral Director Signature X 	
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Asphyxial Brain Injury</b> Due to (or as a consequence of): <b>PEA Arrest</b>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <b>Lactic acidosis</b> Due to (or as a consequence of): <b>Acute Respiratory Failure</b>					
c. <b>Acute Respiratory Failure</b> Due to (or as a consequence of): <b>Acute Renal Failure, Alcohol withdrawal</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. 				48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Stephen Kormanovs MD 400 N 5th Mother Joseph Pl, Vancouver 98664</b>				50. Hour of Death (24hrs) <b>1527</b>	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))				52. Date Signed (mm/dd/yyyy) <b>9/10/15</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>MD 00042158</b>		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature 	
58. Date Received (mm/dd/yyyy) <b>SEP 14 2015</b>				59. Amendments	



# 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 Birth 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address: PO 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](http://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   | Adult (18 years or older)   |
|--|---|
| <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 using this form, 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). 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 January 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

*Jean Remsbecker*

ISSUED

JUN 07 2019



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