

Skamania County, WA
Total: \$42.00
DEATH
Pgs=4

2019-002112

11/04/2019 07:52 AM

Request of: MICHAEL D TODD



WHEN RECORDED RETURN TO:

MICHAEL D. TODD
116102 E BROADWAY AVE
SPOKANE VALLEY, WA 99037

DOCUMENT TITLE(S)

DEATH CERTIFICATE; REAL ESTATE EXCISE
TAX AFFIDAVIT

REFERENCE NUMBER(S) of Documents assigned or released:

DEATH
TRANSFER ON DEED

RECORDED:
2019-00193

☐ Additional numbers on page ____ of document.

GRANTOR(S):

KATHARINA J. TODD

☐ Additional names on page ____ of document.

GRANTEE(S):

MICHAEL D. TODD

☐ Additional names on page ____ of document.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

34167
NCV - 4 2019

PAID EXEMPT
SKAMANIA COUNTY TREASURER

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

A PARCEL OF LAND SITUATE IN THE SW QUARTER OF THE NW
QUARTER OF ~~THE~~ SECTION 2, TOWNSHIP NORTH, RANGE 7. EAST
OF THE WILLAMETTE MERIDIAN.

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

02070241010000

☐ 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: 2019-042274

DATE ISSUED: 09/30/2019
FEE NUMBER: 37515

FIRST AND MIDDLE NAME(S): KATHARINA JAKOBINE
LAST NAME(S): TODD

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: SEPTEMBER 25, 2019
HOUR OF DEATH: 12:35 AM
SEX: FEMALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MARCH 16, 1933
BIRTHPLACE: MOENCHENGLADBACH GERMANY

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: FRANK P TODD
RELATIONSHIP: SON
ADDRESS: 10606 N. RICKEL LANE, MEAD, WA 99021

CAUSE OF DEATH:
A: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: UNKNOWN
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

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: 39 YEARS

FATHER/PARENT: PETER DOUVEN
MOTHER/PARENT: BERNHARDINE MARGARETE KREMER

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

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 27, 2019

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: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: STEPHEN MCLENNON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2621 WASCO STREET
CITY, STATE, ZIP: HOOD RIVER, OR 97031
DATE SIGNED: SEPTEMBER 26, 2019

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: SEPTEMBER 26, 2019



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

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 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 foregoing 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

SEP 30 2019

Amy Person, M.D.

Klickitat County Health Department

Amy Person



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



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SAID PROPERTY is legally described as follows:

A parcel of land situate in the Southeast quarter of the Northeast quarter of Section 2, Township North, Range 7 East of the Willamette Meridian, more particularly described as follows:

Beginning at a brass cap marking the intersection of the North line of the Daniel Baughman DLC #42 with the East line of said Section 2; thence North along the East line thereof of said Section 2, 146 feet to an iron pipe; thence West 199 feet to an iron rod; thence continuing West, 65 feet to an iron rod; thence S 00-00-02 West, 100.98 feet to an iron rod; thence S 00-04-23 East, 31.33 feet to an iron rod; thence S 76-11-32 East, 64.56 feet to an iron rod; thence N 82-20-18 East, 52.56 feet to an iron rod; thence S 63-11-43 East, 27.76 feet to an iron rod; thence N 85-35-36 East, 41.07 feet to an iron rod; thence N 87-15-27 East, 83.60 feet to the point of beginning; EXCEPTING THEREFROM the right of way of Attwell Road, the said being old State Highway #8 as the same was located and established prior to 1927.

SUBJECT TO easements, reservations, and restrictions of record, if any.

Skamania County Assessor

Date 2/11/19 Parcel# 2-7-2-4-1-100

11-4-19

B.S.
DW