

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

2019-002126

11/05/2019 10:44 AM

Request of: RUSSELL D PARADIS



WHEN RECORDED RETURN TO:

Russell D. Paradis
19712 NE 83rd St.
Vancouver WA 98682

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

AFN 2019-001792

9/23/19

[] Additional numbers on page ____ of document.

GRANTOR(S):

Dean A. Bruley

[] Additional names on page ____ of document.

GRANTEE(S):

Russell D Paradis

[] Additional names on page ____ of document.

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

SEC 18, Township 7
RANGE 6E County Skamania WA 98648

[] Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

Lot Numbers

9-13-14

07061840030900

07061840031300

07061840031400

10/31/19

[] 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.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

34166
OCT 31 2019

RAND
Vickie C. Belland
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-039300

LOCAL FILE NUMBER: 5373

DATE ISSUED: 09/09/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DEAN ALAN

LAST NAME(S): BRULEY

COUNTY OF DEATH: CLARK

DATE OF DEATH: AUGUST 30, 2019

HOUR OF DEATH: 02:40 PM

SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 22, 1937

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: INSULATION INSTALLER

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: STEVEN MCCALLUM

RELATIONSHIP: STEP-SON

ADDRESS: 26409 A NE 44TH ST, CAMAS, WA 98607

CAUSE OF DEATH:

A: DIFFUSE LARGE CELL LYMPHOMA

INTERVAL: 4 MONTHS

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: HOSPICE

FACILITY OR ADDRESS: RAY HICKEY HOSPICE HOUSE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 1513 272ND PLACE

CITY, STATE, ZIP: OCEAN PARK, WA 98640

INSIDE CITY LIMITS: YES

COUNTY: PACIFIC

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: EARL N BRULEY

MOTHER/PARENT: DOROTHY SELBY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: SEPTEMBER 07, 2019

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL CHAPEL

ADDRESS: 1101 NE 112TH AVE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684

FUNERAL DIRECTOR: SCOTT A BOWEN

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: XING-YUE HE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 700 NE 87TH AVE, SUITE 360

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: SEPTEMBER 05, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: XINGYUE HE, MD

LOCAL DEPUTY REGISTRAR: KATHY

DATE RECEIVED: SEPTEMBER 06, 2019



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
-------------------	------------	----------	------	------------------

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 foregoing is true and correct

16a. Signature:		16b. Signature of 2 nd 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

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

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 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

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). 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.

Marriage/Dissolution (Divorce) Certificates

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 January 2015



CERTIFIED
CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer



0 3 1 6 8 5 1 9

EXHIBIT A

PARCEL #07061840030900

LOT 9 OF THE MARBLE MTN RETREAT, according to the Plat thereof in Book B of Plats, Page 5, in the Count of Skamania, State of WA.

PARCEL #07061840031300

LOT 13 OF THE MARBLE MTN RETREAT, according to the Plat thereof in Book B of Plats, Page 5, in the Count of Skamania, State of WA.

PARCEL #07061840031400

LOT 14 OF THE MARBLE MTN RETREAT, according to the Plat thereof in Book B of Plats, Page 5, in the Count of Skamania, State of WA.

SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD

Skamania County Assessor

Date 10.31.19 Parcel# 07061840030900

07061840031300
07061840031400

LM