

WHEN RECORDED RETURN TO:
Sophia LeeAnn Blake
PO Box 248
Stevenson, WA 98648-0248

Skamania County, WA **2020-001233**
Total: \$42.00
DEATH 06/01/2020 12:49 PM
Pgs=4
Request of: SOPHIA LEANN BLAKE



DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) of Documents assigned or released:

REVOCABLE TRANSFER ON DEATH DEED
AFN 2014002189 RECORDED 12/15/2014 EXCISE #30996 EXEMPT 12/15/2014

☐ Additional numbers on page _____ of document.

GRANTOR(S):

ROBERTA P HECKER

☐ Additional names on page _____ of document.

GRANTEE(S):

SOPHIA LEEANN BLAKE
JOSEPH ROBERT HECKER

☐ Additional names on page _____ of document.

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

A Tract of land in Lot 1 of Stevenson Park Addition according to the official plat thereof on file and of record at page 38 of Book A of Plats, records of Skamania County, Washington described as follows:

☒ Complete legal on page 2 of document.

TAX PARCEL NUMBER(S):

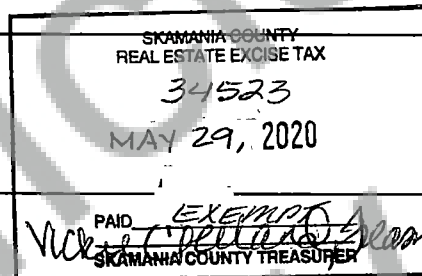
030736143000000

Skamania County Assessor

Date 6-1-20 Parcel# 03073614300000

☐ 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: 2020-020159

DATE ISSUED: 05/05/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERTA PAULINE

LAST NAME(S): HECKER

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: APRIL 30, 2020

HOUR OF DEATH: 08:15 AM

SEX: FEMALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 29, 1933

BIRTHPLACE: KANSAS CITY, KS

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: FRUIT PACKER

INDUSTRY: FOOD INDUSTRY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: SOPHIA L BLAKE

RELATIONSHIP: DAUGHTER

ADDRESS: 1453 N SHEPHERS ROAD WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: METASTATIC UTERINE CANCER

INTERVAL: 5 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION

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: 84 THOMAS STREET

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 84 THOMAS STREET

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 55 YEARS

FATHER: ROBERT BETSCHART

MOTHER: PAULINE BARNEYCASTLE

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: CAMAS CEMETERY

CITY, STATE: CAMAS, WASHINGTON

DISPOSITION DATE: MAY 07, 2020

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC

ADDRESS: 410 NE GARFIELD STREET

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: RONALD A BROWN

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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 WITHERITE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 65371 HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WA 98672

DATE SIGNED: MAY 03, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: MAY 04, 2020



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 2 nd parent (if required):
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.

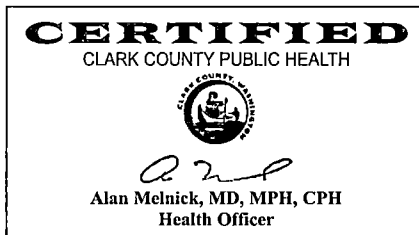
Marriage/Dissolution (Divorce) Certificates

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



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



0 3 7 3 5 5 1 9

GRANTOR: The Grantor is ROBERTA P. HECKER, successor in interest to JOSEPH C. HECKER, as order in that Order of Adjudication of Intestacy and Heirship, Skamania County Superior Court Case 03-4-00008-5.

LEGAL DESCRIPTION. The real property that is the subject of the Revocable Transfer on Death Deed is situate in the County of Skamania, State of Washington, and it is legally described as follows:

Skamania County Assessor

Date 12-15-14 Parcel# 3-7-36-1-4-2000 dm

A Tract of land in Lot 1 of Stevenson Park Addition according to the official plat thereof on file and of record at page 38 of Book A of Plats, records of Skamania County, Washington, described as follows:

Beginning at a point in the center of Kanaka Creek marked by a one inch iron pipe driven in the ground 150 feet south of the north line of Lot 1 of Stevenson Park Addition aforesaid; thence southeasterly down Kanaka Creek 300 feet, more or less, to the center of a cross chiseled in a very large rock near the side of Kanaka Creek, the initial point of the tract hereby described; thence in northeasterly direction to a point 300 feet south of the north line of the said Lot 1 and 185 feet west of west line of Strawberry Road as shown on said plat; thence north 82 feet; thence south 85° west to intersection with the center of Kanaka Creek; thence southeasterly along the center of Kanaka Creek to the initial point.

PRIMARY BENEFICIARY. The Grantor designates the following primary beneficiary if the primary beneficiary survives the Grantor: SOPHIA LEEANN BLAKE and JOSEPH ROBERT HECKER, each to an undivided equal interest.

TRANSFER ON DEATH DEED - I

Skamania County Assessor

Date 6-1-20 Parcel# 03073614300000
dm