

Skamania County, WA

Total: \$42.00

DEATH

Pgs=4

Request of: JAMES L. KACENA PLLC

**2020-001470**

06/22/2020 01:06 PM



AFTER RECORDING RETURN TO:

Name: James L. Kacena PLLC  
Address: P.O. Box 2024  
City/State: White Salmon, WA 98672

DOCUMENT TITLE(S): (or transactions contained therein)

1. **Death Certificate**

GRANTOR(S): (Last name first, then first name and initials)

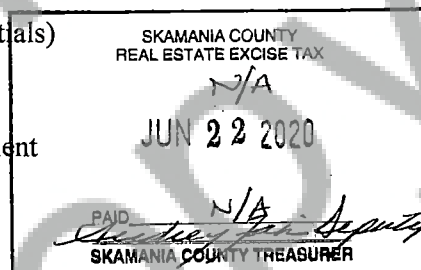
1. **Howard E. Carmichael**

☐ Additional names on page \_\_\_\_\_ of document

GRANTEE(S): (Last name first, then first name and initials)

1. **The Public**

☐ Additional names on page \_\_\_\_\_ of document



Legal Description as follows:

**Ptn. NE NE Sec. 29, T3N., R8E WM.;  
Lot 2, Rose Subdivision Phase I, Book "B" of Plats, Page 108, 17-03-08  
Skamania County, State of Washington  
(See Exhibit A)**

Assessor's Property Tax Parcel/Account Number(s):

**03-08-29-1-1-5101-00**

**03-08-17-3-0-1203-00**

*pm 6/22/2020*

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-017478

LOCAL FILE NUMBER: 20-133

DATE ISSUED: 04/17/2020

FEE NUMBER: 128045

FIRST AND MIDDLE NAME(S): MARILYN JOYCE

LAST NAME(S): CARMICHAEL

COUNTY OF DEATH: KLICKITAT

DATE OF DEATH: APRIL 12, 2020

HOUR OF DEATH: 12:29 PM

SEX: FEMALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: NOVEMBER 07, 1931

BIRTHPLACE: NORTON, KS

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER

INDUSTRY: EDUCATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: GAVIN CARMICHAEL

RELATIONSHIP: SON

ADDRESS: 967 PUCKER HUDDLE, WHITE SALMON, WA 98672

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: 1 HOUR

B: DIABETES POOR CONTROL

INTERVAL: 40 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION,  
HYPERLIPIDEMIA

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: 965 SW PUCKER HUDDLE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

RESIDENCE STREET: 965 SW PUCKER HUDDLE

CITY, STATE, ZIP: WHITE SALMON, WA 98672

INSIDE CITY LIMITS: NO

COUNTY: KLICKITAT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: DAN HAMILTON

MOTHER: ETHEL BRAY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: APRIL 17, 2020

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: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LIETTE WITHERRITE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 65371-HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WA 98672

DATE SIGNED: APRIL 16, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: LIETTE WITHERRITE, MD

LOCAL DEPUTY REGISTRAR: EVA L. RAMIREZ

DATE RECEIVED: APRIL 17, 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:		2. Date of Event:	3. Place of Event:		
	First	Middle	Last	MM/DD/YYYY	(City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)				
First		Middle	Last/Maiden	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:				
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 <sup>nd</sup> parent (if required):	
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
- |  |  |
|--|--|
| <b>Child under 18</b> <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> | <b>Adult (18 years or older)</b> <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



CERTIFIED

APR 17 2020

Amy Person, M.D.  
Klickitat County Health Department



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

0 3 7 5 6 3 5 4

Exhibit A

Parcel One:

A tract of land in the Northeast Quarter of the Northeast Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the East line of said Section 29 South 00°01'24" East 525 Feet from the Northeast corner of said Section; thence West 230 feet; thence South 100 feet to the initial point of the tract hereby described; thence East 200 feet; thence South 100 feet; thence West 20 feet; thence South 130 feet; thence West 180 feet to a point South of the initial point; thence North 20 feet to the initial point.

THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD, INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY.

03-08-29-1-1-5101-00

Parcel Two:

Lot 2, ROSE SUBDIVISION PHASE I, according to the recorded Plat, recorded in Book "B" of Plats, Page 108, in the County of Skamania, State of Washington.

Skamania County Assessor

Date 6-22-26 Parcel# 03082911510100  
03081730120300  
YM