



WHEN RECORDED RETURN TO:

Kami Rosander  
131 Verado Trail Rd.  
Stevenson, WA  
98048

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

2016-002318

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

GRANTOR(S):

Fredrick Leroy Cioe Jr.

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

GRANTEE(S):

The Public

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

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

445  
2nd

☐ Complete legal on page \_\_\_\_ of document.

TAX PARCEL NUMBER(S):

02003410190300 & 02003410190000 1m 9/8/2020

☐ 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

34772

SEP 08 2020

PAID - exempt  
M. Monaghan Deputy  
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-029336

DATE ISSUED: 07/01/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): FREDRICK LEROY

LAST NAME(S): CLOE JR

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JUNE 26, 2020

HOUR OF DEATH: 10:50 AM

SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 20, 1938

BIRTHPLACE: HOOD RIVER, OR

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: TUG BOAT CAPTAIN

INDUSTRY: BARGE INDUSTRY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: KAMI ROSANDER

RELATIONSHIP: DAUGHTER

ADDRESS: 131 VENADO TRAIL RD. STEVENSON, WA 98648

CAUSE OF DEATH:

A: GASTRIC CANCER

INTERVAL: 1 YEAR

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: 262 WOODARD CREEK RD.

CITY, STATE, ZIP: SKAMANIA, WASHINGTON 98648

RESIDENCE STREET: 262 WOODARD CREEK RD.

CITY, STATE, ZIP: SKAMANIA, WA 98648

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER: FREDRICK L CLOE SR

MOTHER: MARGORIE EASTMAN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: JUNE 29, 2020

FUNERAL FACILITY: STRAUB'S FUNERAL HOME & COLUMBIA RIVER  
CREMATION

ADDRESS: 325 NE THIRD AVE

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: CHRISTIAN M. DIERICKX

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

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: JUNE 29, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORI KOCH

DATE RECEIVED: JUNE 29, 2020

# 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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<b>Required</b>	<b>Required information must match current information on record</b>					
	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 <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:		City	State	Zip
PO Box or Street Address				
Telephone Number:		Email Address:		
( )				

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
8.	9.
10.	11.
12.	13.

**I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.**

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

#### 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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship.
  - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
  - To correct the sex of the child, one proof documentation from a medical provider 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.

#### 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

#### Death Certificates

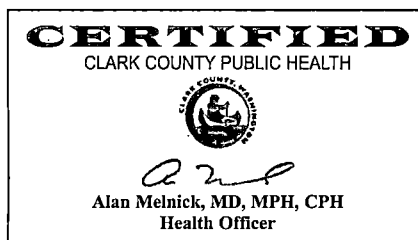
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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



0 4 3 2 2 1 9 0


**Legal Description of property**

A parcel of land situated within the SW ¼ NE ¼ of Section 34, Township 2 North, Range 6 East, W.M., in the County of Skamania, State of Washington more specifically described as:

Lot 2 of the CLOE SHORT PLAT as shown on the map thereof recorded June 25, 2002 in Book 3 at Page 408 of Short Plats, Auditor's File No. 145105, records of said County; together with the West 70.82 feet of Lot 1 of said plat. Containing 7.80+/- acres by calculation.

Together with and subject to easements, restrictions and reservations of record.

**Assessor's Property Tax Parcel No.**

02-06-34-10-19-00-00 

**Property Address**


262 Woodard Creek Road, Skamania, Washington

**Primary Grantee Beneficiary**

Grantor designates the following Grantee Beneficiary if the Beneficiary survives me:

Kami Ruth Rosander

Skamania County Assessor

Date 9-8-20 Parcel# 02063410190000  


A parcel of land situated within the SW ¼ NE ¼ of Section 34, Township 2 North, Range 6 East, W.M., in the County of Skamania, State of Washington more specifically described as:

Lot 1 of the CLOE SHORT PLAT as shown on the map thereof recorded June 25, 2002 in Book 3 at Page 408 of Short Plats, Auditor's File No. 145105, records of said County; EXCEPT the West 70.82 feet thereof. Containing 6.00+ acres by calculation.

Together with and subject to easements, restrictions and reservations of record.

**Assessor's Property Tax Parcel No.**

02-06-34-10-19-03-00 *DM*

**Property Address**

262 Woodard Creek Road, Skamania, Washington

**Primary Grantee Beneficiary**

Grantor designates the following Grantee Beneficiary if the Beneficiary survives me:

Kami Ruth Rosander

Skamania County Assessor

Date 9-8-20 Parcel# 02063410190300  
*Jvr*