



**WHEN RECORDED RETURN TO:**

Columbia Gorge Title \_\_\_\_\_

41 Russell Ave \_\_\_\_\_

Stevenson WA 98648  
\_\_\_\_\_

**DOCUMENT TITLE(S)**

Death Certificate

**Principal/(Grantor)/ORIGINAL TRUSTEE:**

Leroy Crawford, deceased

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

**Agent/GRANTEE(S)/NEW TRUSTEE:**

Tonia L Crawford, as Personal Representative of the Estate of Bonnie I Crawford, deceased, pursuant to Benton County Superior Court Case No. 18-00393-03

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

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

Ptn.Sec 18, T3N, R8E W.M. County of Skamania and State of Washington

☒ Complete legal is located on Exhibit "A" Attached

**TAX PARCEL NUMBER(S):**

03-08-18-0-0-0600-00 C.S.

☐ 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

34805

SEP 21 2020

PAID EXEMPT  
*Chadwick*  
SKAMANIA COUNTY TREASURER

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number <b>273</b>		<b>Washington State Certificate of Death</b>		State File Number <b>4 01271</b>	
1. Legal Name (Include AKA's if any) <b>Leroy</b>		First Middle LAST <b>CRAWFORD</b>		2. Death Date <b>02/09/2004</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>70</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Clark</b>
7. Birthdate <b>12/17/1933</b>	8a. Birthplace (City, Town, or County) <b>Great Falls</b>	8b. (State or Foreign Country) <b>Montana</b>	9. Decedent's Education <b>Some College</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>521 Brooks Road</b>				13b. City or Town <b>Carson</b>	
13c. Residence: County <b>Skamania</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4 <b>98610-0481</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>35 Years</b>	15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Bonnie Blouin</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Timber Faller</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Logging</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Henry Roy Crawford</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Alberta Margaret Nowlin</b>		
21. Informant's Name <b>Bonnie Crawford</b>	22. Relationship to Decedent <b>Spouse</b>	23. Mailing Address: Number & Street or RFD No. City or Town State Zip <b>P.O. Box 481 Carson WA 98610</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street) <b>Vancouver VA Hospital</b>		26a. City, Town, or Location of Death <b>Vancouver</b>	26b. State <b>WA</b>	27. Zip Code <b>98661</b>	
28. Method of Disposition <b>Cremation</b>	29. Place of Disposition (Name of cemetery, crematory, other place) <b>Portland Cremation Center</b>		30. Location-City/Town, and State <b>Portland, Oregon</b>		
31. Name and Complete Address of Funeral Facility <b>Affordable Funeral Alternatives 135 NW 1st, Ste. 2 Gresham, OR 97080</b>			32. Date of Disposition <b>02/13/2004</b>		
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Cirrhosis</b>		Interval between Onset & Death <b>Years</b>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. <b>Alcoholism</b>		Interval between Onset & Death <b>Years</b>	
c.		Due to (or as a consequence of)		Interval between Onset & Death	
d.		Due to (or as a consequence of)		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Hepatocellular carcinoma, anemia, renal insufficiency</b>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street		City or Town State Zip Code + 4		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
45. Describe how injury occurred		48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and in the manner stated. <b>N. M. [Signature] MD</b>			
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Newly Wayless VA Medical Center P.O. Box 1435 Portland, OR</b>			
50. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		51. Date Certified (MM/DD/YYYY) <b>2-10-2004</b>		52. Date Received (MM/DD/YYYY) <b>FEB 10 2004</b>	
53. Title of Certifier <b>Staff M.D.</b>	54. License Number <b>DR 4012642</b>	55. ME/Coroner File Number		56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>		58. Date Received (MM/DD/YYYY)		59. Record Amendment	
60. Documentary Evidence		Reviewed by		Date	



# 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  
1-800-3-1331

STATE OFFICE USE ONLY

State File Number \_\_\_\_\_ Fee Number \_\_\_\_\_ Date \_\_\_\_\_ Affidavit Number \_\_\_\_\_

Required information must match current information on record

Required	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: _____
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____		
	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____		
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: \_\_\_\_\_

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<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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, 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). 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.
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 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

*Christie Spice*

ISSUED

NOV 14 2018



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