



00007747202100008970030031

WHEN RECORDED RETURN TO:

Jerome F. Eline II

1010 Esther Street

Vancouver, WA 98660

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)

DOCUMENT TITLE(S) (or transaction contained therein) (all areas applicable to your document must be filled in)

Certificate of Death

REFERENCE NUMBER(S) of Documents assigned or released:

Excise # 35154, Recording # 2021-000711, Community Property Agreement

☐ Additional numbers on page ____ of document.

2004-154224 dtd 8/27/2004

GRANTOR(S):

1. Henry J. Kern

2. Joanne Kern

3. _____

4. _____

☐ Additional names on page ____ of document.

GRANTEE(S):

1. Raymond Mangs

2. Teresa Mangs

3. _____

4. _____

Skamania County

Real Estate Excise Tax

☐ Additional names on page ____ of document.

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

MAR 15 2021

PAID

N/A

Skamania County Treasurer

☐ Complete legal on page ____ of document.

Assessor's Property Tax Parcel # 01050900061800 & 01050900061805

☐ Additional parcel numbers on page ____ of document.

LM 3/15/21

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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-045981

LOCAL FILE NUMBER: 2888

DATE ISSUED: 11/21/2016

FEE NUMBER: 0000673262

GIVEN NAMES: JOANNE
LAST NAME: KERN

COUNTY OF DEATH: CLARK
DATE OF DEATH: NOVEMBER 14, 2016
HOUR OF DEATH: UNKNOWN
SEX: FEMALE
AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: NOVEMBER 15, 1933
BIRTHPLACE: ABERDEEN, SOUTH DAKOTA

MARITAL STATUS: MARRIED
SPOUSE: HENRY JOHN KERN

OCCUPATION: SWITCH BOARD OPERATOR
INDUSTRY: TELEPHONE COMPANY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: HENRY JOHN KERN
RELATIONSHIP: HUSBAND
ADDRESS: 641 MT. PLEASANT ROAD, WASHOUGAL WA 98671

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: KENT PLACE
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

RESIDENCE STREET: 641 MT. PLEASANT ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: GLEN BARDELL
MOTHER/PARENT: LILA PHILLIPS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER
CITY, STATE: PORTLAND, OR
DISPOSITION DATE: NOVEMBER 15, 2016

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC
ADDRESS: 410 NE GARFIELD STREET
CITY, STATE, ZIP: CAMAS WA 98607
FUNERAL DIRECTOR: GRETEL BOHN

CAUSE OF DEATH:
A. ACUTE ON CHRONIC HYPOXEMIC RESPIRATORY FAILURE
INTERVAL: 12 DAYS
B. SARCOIDOSIS
INTERVAL: 50 YEARS

C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ASTHMA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JOSEPH B. JURA, MD
TITLE: PHYSICIAN
CERTIFIER:
ADDRESS: 700 NE 87TH AVENUE
CITY, STATE, ZIP: VANCOUVER WA 98664
DATE SIGNED: NOVEMBER 15, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
BARBARA ZOZOSKY
DATE RECEIVED: NOVEMBER 15, 2016



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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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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital			

7. Return Mailing Address:
P.O. 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 2nd 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, 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

CERTIFIED

NOV 21 2016

Alan Melnick
Health Officer
Clark County Public Health

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