

Skamania County, WA
Total: \$41.00
DEATH
Pgs=3

2021-002044

06/09/2021 12:17 PM

Request of: COLUMBIA GORGE TITLE



00009093202100020440030034

WHEN RECORDED RETURN TO:

**The Estate of Joanne Elaine Lembrick
c/o Amy Hietpas
PO Box 365
Stevenson, WA 98648**

**DOCUMENT TITLE(S):
Certificate of Death**

**GRANTOR:
Roger Bruce Lembrick**

**GRANTEE:
Amy Hietpas, as Personal Representative of the Estate of Joanne Elaine Lembrick, deceased,
pursuant to Skamania County Superior Court Case No. 21-4-00004-30**

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

35431

JUN 09 2021

M. Monaghan
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

From a point 4.39 chains West of the Quarter post on the South line of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, North 5° 30' West 662 feet; thence North 24° West 165 feet; thence North 10° West 353.70 feet to the point of beginning of the description; thence West 141 feet; thence South 24° 53' East 109.35 feet, more or less, to the Northwest corner of that parcel deeded to Bernard J. Heavey, Jr., et. ux., by deed recorded in Book 68 on Page 91, Skamania County Records; thence South 89° 41' East 120.03 feet along the North line of the said Heavey parcel to the West line of Lot 19, MEAGHERS ADDITION; thence North along the West line of Lots 19 and 21, MEAGHERS ADDITION, a distance of 90.04 feet to the Northwest corner of Lot 21; thence along the Northerly line of Lot 21 South 77° East 70.22 feet to the Southwest corner of that parcel deeded to Vance R. Guthrie parcel North 11° 59' West to the South line of Rock Creek Spring Road; thence Northwesterly along the South line of said Road to a point which is North 10° West from the True Point of Beginning of this description; thence South 10° East 174 feet, more or less, to the True Point of Beginning.

**TAX PARCEL NUMBER(S):
03-07-36-4-3-0400-00**

Skamania County Assessor

Date 6/9/21 Parcel# 3-7-36-4-3-406

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-050945

DATE ISSUED: 02/22/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROGER BRUCE
LAST NAME(S): LEMBRICK

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: OCTOBER 29, 2020

HOUR OF DEATH: 03:30 AM

SEX: MALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 25, 1944

BIRTHPLACE: AUSTIN, MN

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JOANNE ELAINE ANDERSON

OCCUPATION: FORESTER

INDUSTRY: NATURAL RESOURCE MANAGEMENT

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: ANDREW LEMBRICK

RELATIONSHIP: SON

ADDRESS: 463 NW HOT SPRINGS ALAMEDA, STEVENSON, WA 98648

CAUSE OF DEATH:

A: SMALL CELL LUNG CANCER

INTERVAL: 4 WEEKS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY FIBROSIS, DEEP VEIN THROMBOSIS

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: 608 NW HOT SPRINGS ALAMEDA

CITY, STATE, ZIP: SKAMANIA, WASHINGTON 98648

RESIDENCE STREET: 608 NW HOT SPRINGS ALAMEDA

CITY, STATE, ZIP: SKAMANIA, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: PHILLIP HENRY LEMBRICK

MOTHER: ALVIRA ANTOINETTE PETERSON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: NOVEMBER 05, 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: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MICKI KANTROWITZ, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 6410 NE HALSEY ST

CITY, STATE, ZIP: PORTLAND, OR 97213

DATE SIGNED: NOVEMBER 03, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: NOVEMBER 05, 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 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"/> 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: 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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd 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



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

CERTIFIED

FEB 22 2020

Alan Melnick
Health Officer
Skamania Co. Public Health



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