

**WHEN RECORDED RETURN TO:**Brenda Dillon2762 Serge Rd.Stevenson, WA. 98648Skamania County, WA  
Total: \$42.00  
DEATH  
Pgs=4**2021-002346**

07/06/2021 09:39 AM

Request of: BRENDA DILLON



00009459202100023460040048

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)Death Certificate**REFERENCE NUMBER(S)** of Documents assigned or released:Trust paper documentation☐ Additional numbers on page \_\_\_\_ of document.

Skamania County

Real Estate Excise Tax

N/A**GRANTOR(S):****JUL - 6 2021**1. Lauretta Belle Dillon

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

PAID

N/ASkamania County Treasurer☐ Additional names on page \_\_\_\_ of document.**GRANTEE(S):**1. Ronald Lee Successor Trustee

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

☐ Additional names on page \_\_\_\_ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):Sec. 23 T3N R8E WM☐ Complete legal on page \_\_\_\_ of document.**Assessor's Property Tax Parcel #**03082300070000☐ 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.

"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: 2018-019581

DATE ISSUED: 12/27/2018  
FEE NUMBER: 86023378

FIRST AND MIDDLE NAME(S): LAURETTA BELLE  
LAST NAME(S): DILLON

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: APRIL 11, 2018  
HOUR OF DEATH: 04:30 AM  
SEX: FEMALE AGE: 91 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: MAY 13, 1926  
BIRTHPLACE: LANDER, WY

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: 8TH GRADE OR LESS  
US ARMED FORCES: NO

INFORMANT: BARBARA E LEE  
RELATIONSHIP: DAUGHTER  
ADDRESS: 2762 BERGE ROAD, STEVENSON, WA 98648

CAUSE OF DEATH:  
A: ALZHEIMER'S DEMENTIA  
INTERVAL: 20 YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,  
CONGESTIVE HEART FAILURE

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: 2762 BERGE ROAD  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 2762 BERGE ROAD  
CITY, STATE, ZIP: STEVENSON, WA 98648  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 62 YEARS

FATHER/PARENT: JESS W KARNIS  
MOTHER/PARENT: ELDAH E HOWARD

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON  
DISPOSITION DATE: MAY 01, 2018

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE

ADDRESS: 11211 SE 82ND AVENUE SUITE N  
CITY, STATE, ZIP: HAPPY VALLEY, OREGON 97086  
FUNERAL DIRECTOR: REGAN HINTON

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 27, 2018

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 2018-1  
ATTENDING PHYSICIAN: LIETTE WITHERRITE, MD

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL  
DATE RECEIVED: MAY 01, 2018



# 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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<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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth 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 <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: 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:	Printed name:
Date:	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

#### 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

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.

**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). 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 January 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 Jean Remsbeck, State Registrar.

*Jean Remsbeck*

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



0 2 7 2 4 0 5 4

EXHIBIT "A"

The South Half of the Northwest Quarter of Section 23, Township 3 North, Range 8, E.W.M., County of Skamania, State of Washington; excepting public roads and rights of way on, over and across the said real property.

SAVE and EXCEPT that portion conveyed to Raymond H. Lee and Barbara E. Lee in that certain Statutory Warranty Deed, recorded October 14, 1973 in Book 71, Page 743, Skamania County, State of Washington.

SAVE and EXCEPT that portion conveyed to Robert Pepperling and Jean Pepperling in that certain Deed and Satisfaction of Real Estate Contract recorded February 10, 1975 in Book 70, Page 426, Skamania County, State of Washington.

SAVE and EXCEPT that portion conveyed to Martin R. Dillon and Susan R. Dillon, husband and wife, in that certain Statutory Warranty Deed, recorded August 27, 1976, in Book 71, Page 582, Skamania County, State of Washington.

SAVE and EXCEPT that portion conveyed to Jesse G. Renfro and Judy Renfro in that certain Quit Claim Deed, recorded September 7, 1976, in Book 71, Page 619, Skamania County, State of Washington.

SAVE and EXCEPT that portion conveyed to Paul Leal and Sandra Melanie Leal in that certain Quit Claim Deed recorded July 3, 1978 in Book 75, Page 73, Skamania County, State of Washington

SAVE AND EXCEPT that portion conveyed to Wesley R. Maxwell and Marilyn J. Maxwell, husband and wife, in that certain Statutory Warranty Deed recorded July 10, 1978 in Book 75, Page 88, Skamania County, State of Washington

SAVE and EXCEPT that portion conveyed to Home Valley Water District in that certain Warranty Deed recorded December 13, 1979 in Book 77, Page 689, and re-recorded in Book 77, Page 689 Skamania County, State of Washington.

SAVE and EXCEPT that portion conveyed to Terry G. Martin and Jewell E. Martin, husband and wife, in that certain Statutory Warranty Deed recorded May 14, 1980 in Book 78, Page 226, and re-recorded in Book 78, Page 779, Skamania County, State of Washington

SAVE and EXCEPT that portion conveyed to Terry G. Martin and Jewell E. Martin, husband and wife, in that certain Correction Statutory Warranty Deed recorded October 11, 1980 in Book 78, Page 779, Skamania County, State of Washington.

SAVE and EXCEPT that portion conveyed to Charles H. Jones and Dorothy A. Jones, in that certain Statutory Warranty Deed recorded November 12, 1980 in Book 78, Page 982, Skamania County, State of Washington.

SAVE and EXCEPT that portion conveyed to Stephen G. Corwin and Joanne M. Reilly, husband and wife, in that certain Real Estate Contract, recorded September 29, 1989 in Book 116, Page 157, Skamania County, State of Washington.

SAVE AND EXCEPT, that portion transferred to Paul Leal and Sandra M. Leal by that certain Boundary Line Adjustment, recorded July 24, 2012 under Auditor's File No. 2012181147, Skamania County, State of Washington.

Skamania County Assessor

Date 7/6/21 Parcel# 3-8-23-700