

Skamania County, WA  
Total: \$92.00  
DEATH  
Pgs=4

2021-003256

09/27/2021 01:02 PM

Request of: JOHN E. MANNING JR



**WHEN RECORDED RETURN TO:**

John E. Manning Jr  
192 Larson Rd  
Underwood, WA 98651

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:

CPA BOOK 65 Page 20 + 21 75869

[ ] Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

1. Erma Jean Manning

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

[ ] Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

1. John E. Manning JR

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

[ ] Additional names on page \_\_\_\_ of document.

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

#1 Lot 1 Pacific Power & Light S/P BK 2 / PG 173

#2 See Attached

Skamania County Assessor

[ ] Complete legal on page \_\_\_\_ of document.

Date 9/27/21 Parcel# 3-16-14-201

**Assessor's Property Tax Parcel #**

#1 03101400020100

#2 03101500130100

[ ] 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."


John E. Manning Jr

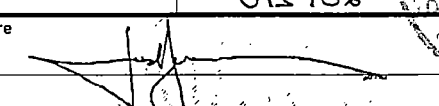
Signature of Requesting Party

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

Local File Number **D-2 10** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Erma Jean MANNING</b>				2. Death Date <b>March 6, 2005</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>66</b>	4b. Under 1 Year Months Days <b>00 00</b>	4c. Under 1 Day Hours Minutes <b>00 00</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skamania</b>
7. Birthdate <b>June 11, 1938</b>	8a. Birthplace (City, Town, or County) <b>Mt. Brook</b>	8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>High School Graduate</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>NO</b>
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>192 Larsen Rd.</b>				13b. City or Town <b>Underwood</b>	
13c. Residence: County <b>Skamania</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98651</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>27 Years</b>		15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>John E. Manning, Jr.</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Henry Phillip Vermeire</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Dolly Eunice Walker</b>		
21. Informant's Name <b>Jack Manning</b>	22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>192 Larsen Rd. Underwood, WA 98651</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Home</b>					
25. Facility Name (If not a facility, give number & street or location) <b>192 Larsen Rd.</b>			26a. City, Town, or Location of Death <b>Underwood</b>	26b. State <b>WA</b>	27. Zip Code <b>98651</b>
28. Method of Disposition <b>Cremation</b>	29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>		30. Location: City/Town, and State <b>White Salmon, WA</b>		
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home POB 390 White Salmon, WA 98672</b>			32. Date of Disposition <b>3-7-05</b>		
33. Funeral Director Signature X 					

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>Carcinoma of the Ovary</b>		Interval between Onset & Death <b>10/2002 53 mo</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.		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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: Apt No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - For this part, if my knowledge, death occurred at his/her home, I will sign and file to the State and local health officials.				48b. Medical Examiner/Coroner - For the basis of examination, another licensing authority, or other basis, I will sign and file to the State and local health officials.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>James G. Jarney, III, MD POB 1519 White Salmon, WA 98672</b>				50. Hour of Death (24hrs) <b>2000</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>03/07/05</b>	
53. Title of Certifier <b>MD</b>	54. License Number <b>012986</b>	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) <b>3/10/05</b>	
59. Amendments					

DOH-01-003 (5/99)

# Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature: 16. Date: 17. Address

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement, copy free of charge.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Alien Registration Card (if it bears an effective date), School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), Military Record (DD 214), Birth Record, Passport.

### Birth Certificates:

- Only a parent, legal guardian of the child is under 18, or the adult themselves (18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the informant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 929 (Rev. 3/2005)

**CERTIFIED**

MAR 10 2005

Justin Denny M.D.  
Health Officer  
Skamania Co. Health Dept.

MM00014911



Transamerica  
Title Insurance Company

BOOK 6 PAGE 206

THIS SPACE PROVIDED FOR RECORDER'S USE

FILED FOR RECORD AT REQUEST OF

WHEN RECORDED RETURN TO

Name Riverview Savings Assn.

Address P. O. Box 1068

City, State, Zip Camas, WA. 98607



FILED WITHIN  
BY  
SKAMANIA COUNTY REC'D  
STEVANSON, WA  
MAR 26 1985  
MIC 206  
J.M. CLOVER  
117

### Full Reconveyance

The undersigned as trustee under that certain Deed of Trust, dated June 14, 1978, in which JOHN E. MANNING JR. and ERMA J. MANNING, husband and wife is grantor and RIVERVIEW SAVINGS ASSOCIATION, a corporation is beneficiary, recorded on June 16, 1978, as Auditor's File No. 86601 in Volume 55 of Mortgages, at pages 480-3, records of Skamania County, Washington, having received from the beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligations secured by the Deed of Trust has been fully satisfied, does hereby reconvey without warranty to the person(s) entitled thereto all of the right, title and interest now held by said trustee in and to the property described in said Deed of Trust, situated in Skamania County, Washington, as follows:

That portion of the following described property lying Easterly of the Easterly line of Larson County Road, (County Road No. 3000), the South half of the Northeast quarter of the Northeast quarter of the Southeast quarter and the Southeast quarter of the Northeast quarter of the Southeast quarter of Section 15, Township 3, North, Range 10 E.W.M.

Skamania County Assessor

Date 9/27/81 Parcel# 3-16-15-1301

Skamania County Assessor

Dated March 19, 1985

TRANSAMERICA TITLE INSURANCE COMPANY  
(Trustee)

By Rick Barkow  
(Name - Title)

By Rick Barkow, Assistant Secretary  
(Name - Title)

STATE OF WASHINGTON  
COUNTY OF

On this day personally appeared before me to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that signed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this day of 1985.

Notary Public in and for the State of Washington, residing at

STATE OF WASHINGTON  
COUNTY OF Clark

On this 19th day of March, 1985, before me the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Rick Barkow, Assistant Secretary of Transamerica Title Insurance Co., the corporation that executed the foregoing instrument and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he is authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereon affixed the day and year first above written.

Notary Public in and for the State of Washington, residing at Washougal