

Skamania County, WA
Total: \$42.00
DEATH
Pgs=4

2022-000186

01/27/2022 01:41 PM

Request of: DEBRA K ENGEL



00012043202200001860040046

WHEN RECORDED RETURN TO:

Debra K. Engel
4054 NE Fairview Lake Way
Fairview, OR 97024

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
Revocable Transfer on Death Deed

REFERENCE NUMBER(S) of Documents assigned or released:

2021-002625 1/28/2021

[] Additional numbers on page ____ of document.

GRANTOR(S):

1. Eugene K Schultz

3. _____

[] Additional names on page ____ of document.

GRANTEE(S):

1. Debra K. Engel

3. _____

[] Additional names on page ____ of document.

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

☒ Complete legal on page 3 of document.

Assessor's Property Tax Parcel #

03-07-36-20-2300/00 Jm 1/27/22

[] 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: 2022-000259

DATE ISSUED: 01/11/2022

FEE NUMBER: 137166168

FIRST AND MIDDLE NAME(S): EUGENE K
LAST NAME(S): SCHULTZ

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JANUARY 04, 2022
HOUR OF DEATH: 01:02 PM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: OCTOBER 03, 1934
BIRTHPLACE: EWING, NE

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MILL SUPERINTENDENT
INDUSTRY: LANDFILL MILL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DEBRA ENGEL
RELATIONSHIP: DAUGHTER
ADDRESS: 4054 NE FAIRVIEW LAKE WAY, FAIRVIEW, OR 97024

CAUSE OF DEATH:
A: PROSTATE CANCER
INTERVAL: 2 YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 651 N.W. GROPPER ROAD
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 651 N.W. GROPPER ROAD
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER: ARNOLD SCHULTZ
MOTHER: RUBY RETZLAFF

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: JANUARY 07, 2022

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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CHRISTOPHER FAISON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 65371 HIGHWAY 14
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
DATE SIGNED: JANUARY 06, 2022

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: JANUARY 06, 2022



DOH 422-034 August 2019

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 |
|-------------------|------------|----------|------|------------------|

| | | | | |
|-----------------|--|--|---|--|
| 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 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 currently shows: | The true fact is: |
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |

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

| | | | |
|-----------------|-------|---|-------|
| 14a. Signature: | | 14b. Signature of 2 nd parent (if required): | |
| Printed name: | Date: | Printed name: | Date: |

INSTRUCTIONS – go to www.doh.wa.gov for more information

- Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:
- Birth/Marriage/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Copy of Passport / Enhanced ID
 - Green/Permanent Resident card (I-551)
- You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

Birth Certificates

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.**Death Certificates**

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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

CERTIFIED

JAN 11 2022

Amy Person, M.D.

Klickitat County Health Department

Amy Person

0 4 8 4 6 6 7 9

Exhibit "A"

Legal Description

THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 36, TOWNSHIP 3 NORTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS;
BEGINNING AT A POINT ON THE NORTHERLY LINE OF THE COUNTY ROAD KNOWN AND DESIGNATED AS GROPPER ROAD, SAID POINT BEING 336 FEET EASTERLY OF THE CENTER LINE RUNNING NORTH AND SOUTH THROUGH THE CENTER OF THE NORTHWEST QUARTER OF THE SAID SECTION 36, THENCE NORTH 01°37' WEST 208 FEET; THENCE EAST 104 FEET TO THE INITIAL POINT OF THE TRACT HEREBY DESCRIBED; THENCE EAST 104 FEET; THENCE SOUTH 01°37' EAST 208 FEET, MORE OR LESS, TO THE NORTHERLY LINE OF GROPPER ROAD AFORESAID; THENCE IN A WESTERLY DIRECTION FOLLOWING THE NORTHERLY LINE OF SAID ROAD 104 FEET, MORE OR LESS, TO A POINT SOUTH 01°37' WEST 208 FEET, MORE OR LESS, TO THE INITIAL POINT.

Property Address: ⁶⁵¹182 Northwest Gropper Road, Stevenson, WA 98648
Property ID #: 03-07-36-2-0-2300-00

Skamania County Assessor

Date 1-27-22 Parcel# 03073620230000

JW