

Request of: MICHAEL DOLAN



WHEN RECORDED RETURN TO:
Michael Dolan
40924 NE Miller Rd.
Washougal, WA
98671

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
35972
FEB 17 2022
PAID Exempt
K. S. Deputy
SKAMANIA COUNTY TREASURER

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:

2018-000755 4/19/18

[] Additional numbers on page ____ of document.

GRANTOR(S):

- 1. Berna Dolan
- 2. _____
- 3. _____
- 4. _____

[] Additional names on page ____ of document.

GRANTEE(S):

- 1. Mike Dolan
- 2. Linda Davidson
- 3. Pat Dolan
- 4. Joe Dolan

[] Additional names on page ____ of document.

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

See exhibit A

[] Complete legal on page ____ of document.

Assessor's Property Tax Parcel #

02053230370000 (DNL)

[] 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



DATE ISSUED: 02/10/2022
FEE NUMBER: .

CERTIFICATE NUMBER: 2022-007171

FIRST AND MIDDLE NAME(S): BERTHA EILEEN
LAST NAME(S): DOLAN

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: FEBRUARY 03, 2022
HOUR OF DEATH: 07:10 PM
SEX: FEMALE AGE: 100 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 142 DOLAN ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

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

RESIDENCE STREET: 142 DOLAN ROAD
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 71 YEARS

BIRTH DATE: FEBRUARY 07, 1921
BIRTHPLACE: BISMARCK, ND

FATHER: HARVEY BRIGNER
MOTHER: CHRISTINE BILLS

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

OCCUPATION: BAG FACTORY WORKER
INDUSTRY: PAPER MILL INDUSTRY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: FEBRUARY 09, 2022

INFORMANT: LINDA MARIE DAVIDSON
RELATIONSHIP: DAUGHTER
ADDRESS: 40806 SE WASHOUGAL RIVER ROAD WASHOUGAL, WA 98671

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661
FUNERAL DIRECTOR: NICHOLAS R. BROWN

CAUSE OF DEATH:
A: SUBCORTICAL MICROVASCULAR ISCHEMIC DISEASE
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: SUZANNE FRIEBERG, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
DATE SIGNED: FEBRUARY 08, 2022

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: SUZANNE FRIEBERG, ARNP

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORI KOCH
DATE RECEIVED: FEBRUARY 09, 2022

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	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 forgoing 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 Acknowledgement 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.



CERTIFIED

Alex Wainick

Alex Wainick
 Health Officer
 Clark County Public Health



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Exhibit A

Lots 56, 57, 58, 59 and 60 of WASHOUGAL RIVERSIDE TRACTS according to the official plat thereof on file and of record in the office of the auditor of Skamania County, Washington;

Portions of lots 1, 2, 3, 4, and 5 of WASHOUGAL RIVERSIDE TRACTS according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington, described as follows: Beginning at a point on the south line of said lot 5 east 350 feet from the southwest corner of Section 32, township 2 North, Range 5 E. W.M.; thence north at a right angle 50 feet; thence north $89^{\circ} 20'$ west parallel to the south line of said Section 32 a distance of 200 feet; thence north 75 feet; thence west parallel to the south lines of Sections 32 and 31, township 2 North, Range 5 E. W. M., to a point on the west line of the said lot 1; thence south along the west line of said lot 1 a distance of 125 feet to the southwest corner of said lot 1; thence east along the south lines of lots 1, 2, 3, 4 and 5 aforesaid 525 feet to the point of beginning;

A tract of land in Sections 5 and 6, Township 1 North, Range 5 E. W.M., described as follows: Beginning at the northeast corner of the said Section 6; thence south along the east line of the said Section 6 a distance of 184.65 feet; thence north $89^{\circ} 47'$ west following the south line of a dedicated road shown on the plat aforesaid to intersection with the easterly line of a tract of land conveyed to I. P. Irons by deed dated June 2, 1925, and recorded at page 299 of Book U of Deeds, Records of Skamania County, Washington; thence in a southeasterly direction following the easterly line of said tract conveyed to I. P. Irons to the center of the channel of the Washougal River; thence following the center of the Washougal River easterly to a point due south of a point on the north line of the said Section 5 distant 150 feet from the northwest corner of the said Section 5; thence north to a point 50 feet south of the north line of the said Section 5; thence east parallel to the north line of the said Section 5 a distance of 200 feet; thence north 50 feet to the north line of the said Section 5; thence north $89^{\circ} 20'$ west along the north line of the said Section 5 a distance of 350 feet to the point of beginning.

Skamania County Assessor

Skamania County Assessor

Date 2-17-22 Parcel# 25-32-3-3766

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