



00012233202200003360040047

## WHEN RECORDED RETURN TO:

Michael Dolan  
 40524 NE Miller Rd.  
 Washougal, WA  
 98671

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

35972

FEB 17 2022

PAID Exempt  
 1861 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:

[ ] 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 (DN)

[ ] 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 herby 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: 2022-007171

DATE ISSUED: 02/10/2022

FEE NUMBER:

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

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

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

FATHER: HARVEY BRIGNER  
MOTHER: CHRISTINE BILLS

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

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

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

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

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

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

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

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

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:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY	(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	First	Middle	Last/Maiden	First	Middle
	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:	City	State	Zip
PO Box or Street Address			

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 <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

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.

\*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.

#### 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.

### 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**

*Alan Wainish*  
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

(Signature)