

RETURN ADDRESS

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Please print neatly or type information

**Document Title(s)**

Certificate of Death

**Reference Number(s) of related documents:**

Additional Reference #'s on page \_\_\_\_

**Grantor(s)** (Last name, First name and Middle Initial)

William F. Wilkins (deceased)

Additional grantors on page \_\_\_\_

**Grantee(s)** (Last name, First name and Middle Initial)

Public

Additional grantees on page \_\_\_\_

**Legal Description:** (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)

Additional legal is on page \_\_\_\_

**Assessor's Property Tax Parcel/Account Number**

Additional parcel #'s on page \_\_\_\_

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 provided herein.

**I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording process may cover up or otherwise obscure some part of the text of the original document.**

\_\_\_\_\_  
**Signature of Requesting Party**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/09/2021  
FEE NUMBER: EH21-00411

CERTIFICATE NUMBER: 2021-026717

FIRST AND MIDDLE NAME(S): WILLIAM FRANKLIN  
LAST NAME(S): WILKINS

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: JUNE 03, 2021  
HOUR OF DEATH: 04:18 PM  
SEX: MALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 20, 1935  
BIRTHPLACE: GOLDENDALE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DOLORES BUCK

OCCUPATION: SMALL BUSINESS OWNER  
INDUSTRY: SAWMILL  
EDUCATION: UNKNOWN  
US ARMED FORCES: NO

INFORMANT: DOLLY WILKINS  
RELATIONSHIP: SPOUSE  
ADDRESS: PO BOX 8, CARSON, WA 98610

CAUSE OF DEATH:  
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: UNKNOWN

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATHEROSCLEROTIC  
CEREBROVASCULAR DISEASE

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: 850 NE MONTELL TERRACE  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 850 NE MONTELL TERRACE  
CITY, STATE, ZIP: STEVENSON, WA 98648  
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 43 YEARS

FATHER: THEODORE VAN HOY WILKINS  
MOTHER: VERA M JACKSON

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: STEVENSON CEMETERY

CITY, STATE: STEVENSON, WASHINGTON  
DISPOSITION DATE: JUNE 09, 2021

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: VICTORIA LARA

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: STEPHEN MCLENNON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2621 WASCO STREET  
CITY, STATE, ZIP: HOOD RIVER, OREGON 97031  
DATE SIGNED: JUNE 07, 2021

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL  
DATE RECEIVED: JUNE 07, 2021



## 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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<b>Required</b>	<b>Record Type:</b> <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: City or County		
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		

7. Return Mailing Address:

Telephone Number: Email Address:

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

<b>The record now shows:</b>	<b>The true fact is:</b>
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: Date: Printed name: 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 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 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

**To change any part of the name of a child, 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). The informant may change marital status with proof. 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 October 2015

# CERTIFIED

JUN 09 2021

Amy Person, M.D.

Klickitat County Health Department

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



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