

WHEN RECORDED RETURN TO:

Melissa E. Chapman (DF)

121 SW Morrison, Suite 600

Portland, OR 97204

Skamania County, WA

Total:\$41.00

DEATH

Pgs=3

2022-000937

05/04/2022 10:29 AM

Request of: MELISSA E CHAPMAN DF



00012967202200009370030037

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)

Certificate of Death

REFERENCE NUMBER(S) of Documents assigned or released:☐ Additional numbers on page 1 of document.**GRANTOR(S):**

1. Leslie Craig Polzel

3.

☐ Additional names on page ____ of document.**GRANTEE(S):**

1. Cheri Pyle Polzel, Personal Representative

3.

☐ Additional names on page ____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

NE 1/4, SW 1/4, Sect. 36, T3N R7E WM

☐ Complete legal on page ____ of document.**Assessor's Property Tax Parcel #** 03073613190000

Skamania County Assessor

☐ Additional parcel numbers on page ____ of document.Date 5/3/22 Parcel# 03073613190000

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: 2021-021526

DATE ISSUED: 05/11/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LESLIE CRAIG
LAST NAME(S): POLZEL

COUNTY OF DEATH: CLARK
DATE OF DEATH: APRIL 30, 2021
HOUR OF DEATH: 04:39 PM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: SEPTEMBER 25, 1950
BIRTHPLACE: SALEM, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CHERYL LYNN HALLGARTH

OCCUPATION: CONTRACTOR
INDUSTRY: CONSTRUCTION
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: CHERI L POLZEL
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 336, STEVENSON, WA 98648

CAUSE OF DEATH:
A: CARDIAC ARREST, ETIOLOGY UNKNOWN
INTERVAL: 4 HOURS
B: PULSELESS ELECTRICAL ACTIVITY, ETIOLOGY UNKNOWN
INTERVAL: 4 HOURS
C: [REDACTED]
INTERVAL: [REDACTED]
D: [REDACTED]
INTERVAL: [REDACTED]

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULSELESS ELECTRICAL
ACTIVITY; HYPERLIPIDEMIA; WOLFE-PARKINSON-WHITE SYNDROME;
INTERSTITIAL LUNG 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: EMERGENCY ROOM
FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98663

RESIDENCE STREET: 230 NE RIDGECREST DRIVE
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: LESLIE DEAN POLZEL
MOTHER: EDNA BOWMAN

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

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: MAY 06, 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: UNKNOWN
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: JASON HANLEY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PLACE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664
DATE SIGNED: MAY 06, 2021

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

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR
DATE RECEIVED: MAY 06, 2021



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 information must match current information on record

Required	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 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: 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:

INSTRUCTIONS – go to 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 | Adult (18 years or older) |
|--|---|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 using this form, 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). 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 January 2015



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

CERTIFIED

MAY 11 2021

Amy Person, M.D.
 Klickitat County Health Department



0 3 7 5 7 4 0 3