



RETURN ADDRESS

102 Dougan Falls Ln.

Washougal, Washington

98671

Please print neatly or type information

Document Title(s)

Certificate of Death

Statutory Warranty deed

Reference Number(s) of related documents:

2017-046254

4283-2625225

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

Kelley, Deborah T.

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

Moen, Jared A.

Moller, Tiffany M.

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

LOT 11, HIDEAWAY II RECORDED IN BOOK 15, PAGE 4 PLAT RECORDS, COUNTY OF SKAMANIA AND STATE OF WASHINGTON

TOGETHER WITH 2015 FLEETWOOD MODEL 210WR243622 20X40 FLE2100R1516912AB

Assessor's Property Tax Parcel/Account Number

02051124011100

LM 8/10/22

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



CERTIFICATE NUMBER: 2017-046254

LOCAL FILE NUMBER: 6248

DATE ISSUED: 02/10/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RONALD DUANE

LAST NAME(S): KELLEY

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: OCTOBER 19, 2017

HOUR OF DEATH: 06:26 AM

SEX: MALE

AGE: 62 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 27, 1955

BIRTHPLACE: INGELWOOD, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DEBORAH THERESA MARSALA

OCCUPATION: SALES ASSOCIATE

INDUSTRY: RETAIL

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: ESTHER ADAMS

RELATIONSHIP: DAUGHTER

ADDRESS: 8910 NE HAZEL DELL AVENUE APARTMENT C103,

CAUSE OF DEATH:

A: CHOLANGIOCARCINOMA OF BILIARY TRACT

INTERVAL: 1-2017 - 10/19/2017

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: 102 DOUGAN FALLS

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 102 DOUGAN FALLS

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: LONNIE KELLEY

MOTHER: HELEN PAUL

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: OHSU CREMATORY

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: OCTOBER 30, 2017

FUNERAL FACILITY: FIRST CALL MORTUARY SERVICES

ADDRESS: 4835 NE PACIFIC STREET

CITY, STATE, ZIP: PORTLAND, OREGON 97213

FUNERAL DIRECTOR: NICKOLI STROMMER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JESSE TALALOTU, DO

TITLE: DO

CERTIFIER ADDRESS: PO BOX 1600

CITY, STATE, ZIP: PORTLAND, OREGON 97207

DATE SIGNED: OCTOBER 25, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ELLEN WELSH

DATE RECEIVED: OCTOBER 30, 2017



# 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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### Required information must match current information on record

<b>Required</b>	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 Legal 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: P.O. 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 <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

FEB 10 2022

*Alan Melnick*  
Alan Melnick  
Health Officer

Skamania Co. Public Health



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