

Skamania County, WA
Total: \$41.00
DEATH
Pgs=3

2022-001777

08/29/2022 10:28 AM

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED RETURN TO:

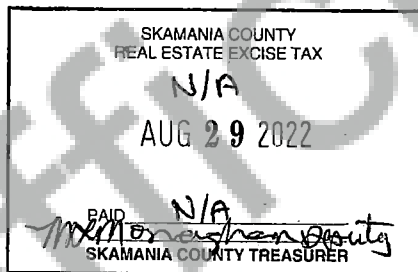
WFG Title
101 E 6th Street, Suite 125
Vancouver, WA 98660

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):
Bernice Palma Taylor

GRANTEE(S):
The Public



ABBREVIATED LEGAL DESCRIPTION:

A tract of land located in the East Half of the Southeast Quarter of Section 22, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the WOODROW TAYLOR Short Plat, as recorded in Book 3 of Short Plats, Page 138, Skamania County Records.

Skamania County Assessor

Date 8/29/22 Parcel# 02052240030000
02052240030005

TAX PARCEL NUMBER(S): *DM*
02052240030000, 02052240030005

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number

2219

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Bernice Palma TAYLOR				2. Death Date Oct 14, 2010	
3. Sex (M/F) F	4a. Age Last Birthday 91	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Clark
7. Birthdate Sept 14, 1919		8a. Birthplace (City, Town, or County) Garrison County	8b. (State or Foreign Country) North Dakota	9. Decedent's Education Associate Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 14662 Washougal River Road				13b. City or Town Washougal	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98671	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 49 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Andrew Ekren			20. Mother's Name Before First Marriage (First, Middle, Last) Pauline (Unknown)		
21. Informant's Name Dennis Taylor		22. Relationship to Decedent Son	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 14792 Washougal River Road Washougal, Washington 98671		
24. Place of Death, if Death Occurred in a Hospital: Hospice Facility					
25. Facility Name (If not a facility, give number & street or location) Ray Hickey Hospice House			26a. City, Town, or Location of Death Vancouver	26b. State WA	27. Zip Code 98661
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Evergreen Memorial Gardens Cemetery		30. Location-City/Town, and State Vancouver, Washington	
31. Name and Complete Address of Funeral Facility Evergreen Memorial Gardens Funeral Chapel			32. Date of Disposition Oct 21, 2010		
33. Funeral Director Signature X <i>[Signature]</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Aortic Stenosis		Interval between Onset & Death 75 years	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Congestive heart failure		Interval between Onset & Death 7.5 years	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco-use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place indicated on this certificate and was caused by the cause(s) indicated.			48b. Medical Examiner/Coroner - I have examined the body and, in my opinion, death occurred at the time, date, and place indicated on this certificate and was caused by the cause(s) indicated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Angie Bean 3240 NE 3rd Ave Camas, Washington 98607			50. Hour of Death (24hrs) 1945		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) 10-15-10		
53. Title of Certifier PA-C		54. License Number PA10004906		55. ME/Coroner File Number:	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			58. Date Received (MM/DD/YYYY) OCT 18 2010		
59. Amendments					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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				
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 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 foregoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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 Acknowledgment 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.

