

WHEN RECORDED RETURN TO:

Peggy B. Lowry

PO Box 25

Stevenson, WA 98648-0025

Skamania County, WA
Total: \$42.00
DEATH
Pgs=4**2023-000178**

02/09/2023 11:27 AM

Request of: PEGGY LOWRY


00015267202300001780040044Please 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:

AFN 2022-000501 03/14/2022 TRANSFER ON DEATH DEED

☐ Additional numbers on page ____ of document.**GRANTOR(S):**1. Mark C. Lowry

2. _____

3. _____

4. _____

☐ Additional names on page ____ of document.**GRANTEE(S):**1. Peggy B. Lowry

2. _____

3. _____

4. _____

☐ Additional names on page ____ of document.SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

36508

FEB 09 2023

PAID Exempt
RS4 Death
SKAMANIA COUNTY TREASURER**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

LOT 2 GEO HOLLENBERRY BK 2/PG 143

☒ Complete legal on page ____ 2 of document.**Assessor's Property Tax Parcel #**

Skamania County Assessor

04073500030000

☐ Additional parcel numbers on page ____ of document.Date 2-9-23 Parcel# 04073500030000
Ym

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: 2022-041576

DATE ISSUED: 08/16/2022

FEE NUMBER: 148435650

FIRST AND MIDDLE NAME(S): MARK CHRISTIAN

LAST NAME(S): LOWRY

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: AUGUST 10, 2022

HOUR OF DEATH: 01:08 AM

SEX: MALE

AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 13, 1952

BIRTHPLACE: SANTA BARBARA, CA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SUPERVISOR

INDUSTRY: LUMBER MILL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: PEGGY LOWRY

RELATIONSHIP: FORMER SPOUSE

ADDRESS: P.O. BOX 25, STEVENSON, WA 98648

CAUSE OF DEATH:

A: LUNG CANCER

INTERVAL: 6 MONTHS

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: 1021 TROUT CREEK ROAD

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 1021 TROUT CREEK ROAD

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: GERALD LOWRY

MOTHER: MARJORY ANDERSON

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON

DISPOSITION DATE: AUGUST 16, 2022

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: PROBABLY

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: AUGUST 16, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORI KOCH

DATE RECEIVED: AUGUST 16, 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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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 <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: 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: Printed name: Date:		14b. Signature of 2nd parent (if required): Printed name: Date:	
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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.

CERTIFIED

AUG 16 2022

Amy Person, M.D.
Klickitat County Health Department

Amy Person



**Exhibit A
Page Two**

Parcel # 04073500030000

The South Half of the Northwest Quarter of the Northeast Quarter of the Northwest Quarter of Section 35, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the GEORGE T HOLLENBERRY SHORT PLAT as filed for record in Book 2 of Short Plats, Page 143, Skamania County Records.