

WHEN RECORDED RETURN TO:

Kimberly Ellsworth
1611 Bear Creek Rd.
Carson, WA 98010

Skamania County, WA

Total: \$41.00

DEATH

Pgs=3

2023-000215

02/16/2023 03:00 PM

Request of: KIMBERLY ELLSWORTH



00015311202300002150030033

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)

Death Cert.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

1. James Kuskie 2. [Signature]

3. _____ 4. _____

☐ Additional names on page ____ of document.

GRANTEE(S):

1. The Public 2. _____

3. _____ 4. _____

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

☐ Complete legal on page ____ of document.

Assessor's Property Tax Parcel #

☐ Additional parcel numbers on page ____ of document.

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

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix		2. Death Date					
James Robert KUSKIE SR		March 18, 2010					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	87	Months Days	Hours Minutes	[REDACTED]	Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education		
Jan. 29, 1923	Jay Em		Wyoming		Some College, No Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes	
No				White			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)					13b. City or Town		
31 Kuskie St. Jean Rd.					Stevenson		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98648	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
51 Years		Married		Dortha Mae Hearn			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Millwright				Plywood Mill			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Francis Leroy Kuskie				Florence Camellina Smith			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Dortha Kuskie		Wife		31 Kuskie St. Jean Rd. Stevenson, WA 98648			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code	
31 Kuskie St. Jean Rd.				Stevenson	WA	98648	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)			30. Location-City/Town, and State		
Burial		Stevenson Cemetery			Stevenson, Washington		
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Gardner Funeral Home PO Box 390 White Salmon, WA 98648						March 29, 2010	
33. Funeral Director Signature X							
Cause of Death (See instructions and examples)							
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. Lung neoplasm (no tissue diagnosis)				Interval between Onset & Death	
		Due to (or as a consequence of):				8 Months	
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.				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
		c.				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
		d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death		39. If female			40. Did tobacco use contribute to death?		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably		
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> No <input type="checkbox"/> Unknown		
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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 and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
Gregory Zuck PO Box 1519 White Salmon, WA 98672						1040	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY)	
						March 26, 2010	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
MD		252-090021874				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (MM/DD/YYYY)	
X						MAR 29 2010	
59. Amendments							

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

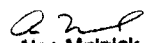
Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

APR 01 2010


 Alan Melnick
 Health Officer
 Skamania Co. Public Health

NN01217649