

Request of:



WHEN RECORDED RETURN TO:

Terese Stacy

PO Box 464

Stevenson, WA 98648-0464

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 Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

Transfer on Death Deed 2022-001018 05/16/2022

☐ Additional numbers on page ____ of document.

GRANTOR(S):

1. Beverly A. Stacy, trustee

2. Beverly A Maki Trust

3. _____

4. _____

☐ Additional names on page ____ of document.

Skamania County
Real Estate Excise Tax

GRANTEE(S):

1. Mark G. Stacy

2. _____

3. _____

4. _____

☐ Additional names on page ____ of document.

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

A tract of Land Located in Lots 9 and 10 of Stevenson Park Addition

☒ Complete legal on page ____ 3 of document.

Assessor's Property Tax Parcel #

03073614360000

☐ 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

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-049557

DATE ISSUED: 10/12/2023
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): BEVERLY ANN
LAST NAME(S): STACY

COUNTY OF DEATH: CLARK
DATE OF DEATH: OCTOBER 07, 2023
HOUR OF DEATH: 02:40 PM

SEX: FEMALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: DECEMBER 10, 1939
BIRTHPLACE: GOODING, ID

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: REAL ESTATE BROKER
INDUSTRY: REAL ESTATE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: TERESE STACY
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 464, STEVENSON, WASHINGTON 98648

CAUSE OF DEATH:
A: SUBCORTICAL MICROVASCULAR ISCHEMIC OCCLUSIVE DISEASE
INTERVAL: YEARS
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: TABBY'S ADULT FAMILY HOME
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 9803 NE HAZEL DELL AVE
CITY, STATE, ZIP: VANCOUVER, WA 98665
INSIDE CITY LIMITS: NO COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE

FATHER: SAMUEL MAKI
MOTHER: ETHEL BUSCH

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: OCTOBER 12, 2023

FUNERAL FACILITY: WESTERN CREMATION ALLIANCE

ADDRESS: 1037 NE 65TH ST #80125
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98115
FUNERAL DIRECTOR: ADRIEN H. HUNTER

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: SUZANNE FRIEBERG, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
DATE SIGNED: OCTOBER 10, 2023

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: SUZANNE FRIEBERG, ARNP

LOCAL DEPUTY REGISTRAR: JESSICA BOHNSTEDT
DATE RECEIVED: OCTOBER 12, 2023



DOH 422-034 August 2019

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:
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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:	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.



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

This is a true and exact certification of the record
Officially registered and on file with the Washington
State Department of Health, issued under the
Authority of chapter 70.58A RCW

CERTIFIED

Anthony L. Chen, MD, MPH
DIRECTOR
DO NOT DESTROY

2700705



0 6 5 3 5 0 5 5

Exhibit "A"

A TRACT OF LAND LOCATED IN LOTS 9 AND 10 OF STEVENSON PARK ADDITION ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE OFFICE OF THE AUDITOR OF SKAMANIA COUNTY, WASHINGTON, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT MARKING THE INTERSECTION OF THE SOUTH LINE OF THE SAID LOT 10 WITH THE EASTERLY RIGHT OF WAY LINE OF THE COUNTY ROAD KNOWN AND DESIGNATED AS STRAWBERRY ROAD AS THE SAME IS NOW CONSTRUCTED AND ESTABLISHED; THENCE NORTH $02^{\circ} 10'$ EAST FOLLOWING THE SAID EASTERLY RIGHT OF WAY LINE OF STRAWBERRY ROAD A DISTANCE OF 60 FEET; THENCE EAST 100 FEET; THENCE SOUTH $02^{\circ} 10'$ PARALLEL TO SAID EASTERLY RIGHT OF WAY LINE 100 FEET; THENCE WEST 100 FEET TO THE EASTERLY RIGHT OF WAY LINE OF STRAWBERRY ROAD; THENCE NORTH $02^{\circ} 10'$ EAST FOLLOWING SAID EASTERLY RIGHT OF WAY LINE 40 FEET TO THE POINT OF BEGINNING.

Skamania County Assessor

Date 5-16-22 Parcel# 03073614360000

GS. *fm*

11/22/23