



00017476202300018020030034

**WHEN RECORDED RETURN TO:**

Paulette Berry  
P.O. Box 101  
N. Bonneville WA 98639

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)

Certificate of death

**REFERENCE NUMBER(S)** of Documents assigned or released:

2023-1269 TOD

[ ] Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

1. Diane L King

3. \_\_\_\_\_

[ ] Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

1. Paulette Berry

3. \_\_\_\_\_

[ ] Additional names on page \_\_\_\_ of document.

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

lot 14 Block 7 Plat of Relocated N. Bonneville Recorded in Book B of Plats  
Pg. 29 under Skamania Co file no. 84429, Records of Skamania Co Washington

[ ] Complete legal on page \_\_\_\_ of document.

**Assessor's Property Tax Parcel #**

02072043140000

Skamania County Assessor

Date 12/1/23 Parcel# 02072043140000

[ ] Additional parcel numbers on page \_\_\_\_ of document.

LM

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: 2023-059900

DATE ISSUED: 12/11/2023

FEE NUMBER: 173278369

FIRST AND MIDDLE NAME(S): DIANE LOUISE

LAST NAME(S): KING

COUNTY OF DEATH: CLARK

DATE OF DEATH: DECEMBER 04, 2023

HOUR OF DEATH: 01:47 PM

SEX: FEMALE

AGE: 74 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 11, 1948

BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: LABOR

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: PAULETTE BERRY

RELATIONSHIP: DAUGHTER

ADDRESS: PO BOX 101 NORTH BONNEVILLE, WA 98639

CAUSE OF DEATH:

A: CARDIOPULMONARY ARREST

INTERVAL: UNKNOWN

B: ACUTE HYPOXIC AND HYPERCAPNIC RESPIRATORY FAILURE

INTERVAL: DAYS

C: ACUTE CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION

INTERVAL: DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEVERE CHRONIC  
OBSTRUCTIVE PULMONARY DISEASE

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: HOSPITAL

FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 714 CHINOOK CIRCLE

CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER: OMAR HENRY RHODE

MOTHER: BEATRICE MARIE AST

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PFS GRESHAM CREMATORY

CITY, STATE: GRESHAM, OREGON

DISPOSITION DATE: DECEMBER 08, 2023

FUNERAL FACILITY: DAVIES CREMATION & BURIAL SERVICE

ADDRESS: 301 E MCLOUGHLIN BLVD STE E

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98663

FUNERAL DIRECTOR: DONALD L. DAVIES

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: MAHAM KHAN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

DATE SIGNED: DECEMBER 07, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MAHAM KHAN, PHYSICIAN

LOCAL DEPUTY REGISTRAR: ELIZABETH HORTON

DATE RECEIVED: DECEMBER 08, 2023

# 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>Record Type:</b> <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 2 <sup>nd</sup> parent (if required): Printed name: Date:
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### INSTRUCTIONS – go to [www.doh.wa.gov](http://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**  
CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH  
Health Officer

