



WHEN RECORDED RETURN TO:

Percy W. Brigham
P.O. Box 352
Stevenson WA 98648

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:

2023-001674 date 11-14-2023
Revocable Transfer on Death Deed
[] Additional numbers on page ____ of document.

GRANTOR(S):

1. Thomas Brigham 2. Skamania County
Real Estate Excise Tax
3. _____ 4. 37006
JAN - 2 2024

[] Additional names on page ____ of document.

GRANTEE(S):

1. Percy W. Brigham 2. PAID exempt
Skamania County Treasurer
3. _____ 4. _____

[] Additional names on page ____ of document.

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

Lot 3 of Sec 36, T5 S North Range 7 1/2 E of Wm

[] Complete legal on page 4 of document.

Assessor's Property Tax Parcel #

03753620060000 1/2/2024

[] 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: **2023-063076**

DATE ISSUED: **12/28/2023**

FEE NUMBER: **174032083**

FIRST AND MIDDLE NAME(S): **THOMAS**

LAST NAME(S): **BRIGHAM**

COUNTY OF DEATH: **SKAMANIA**

DATE OF DEATH: **DECEMBER 19, 2023**

HOUR OF DEATH: **05:00 AM**

SEX: **MALE**

AGE: **77 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**

RACE: **NATIVE AMERICAN: UMATILLA**

BIRTH DATE: **SEPTEMBER 14, 1946**

BIRTHPLACE: **CELILO FALLS, OR**

MARITAL STATUS: **WIDOWED**

SURVIVING SPOUSE: **NOT APPLICABLE**

OCCUPATION: **FISHERMAN**

INDUSTRY: **FISHING**

EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**

US ARMED FORCES: **NO**

INFORMANT: **PERCY W BRIGHAM**

RELATIONSHIP: **SON**

ADDRESS: **462 BONE RD., STEVENSON, WA 98648**

CAUSE OF DEATH:

A: **LATE ONSET ALZHEIMER'S DISEASE**

INTERVAL: **YEARS**

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **CORONARY ARTERY DISEASE, HYPERTENSION**

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: **462 BONE ROAD**

CITY, STATE, ZIP: **STEVENSON, WASHINGTON 98648**

RESIDENCE STREET: **462 BONE ROAD**

CITY, STATE, ZIP: **STEVENSON, WA 98648**

INSIDE CITY LIMITS: **NO**

COUNTY: **SKAMANIA**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **40 YEARS**

FATHER: **PERCY BRIGHAM**

MOTHER: **PHILLIS SHILLAL**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **COLUMBIA GORGE CREMATION**

CITY, STATE: **HOOD RIVER, OREGON**

DISPOSITION DATE: **DECEMBER 27, 2023**

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: **NO**

PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **BRANDI L. O'BRIEN, ARNP**

TITLE: **ARNP**

CERTIFIER ADDRESS: **6410 NE HALSEY ST**

CITY, STATE, ZIP: **PORTLAND, OREGON 97213**

DATE SIGNED: **DECEMBER 27, 2023**

CASE REFERRED TO ME/CORONER: **NO**

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **BRANDI OBRIEN, ARNP**

LOCAL DEPUTY REGISTRAR: **LISA S. MITCHELL**

DATE RECEIVED: **DECEMBER 27, 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
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:		2. Date of Event:		3. Place of Event:
First Middle Last		MM/DD/YYYY		(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First Middle Last/Maiden		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:		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

1. 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.
2. 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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. 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.
- *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.

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.

Death Certificates

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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

DEC 28 2023

Joel McCullough, M.D.
Klickitat County Health Department
Joel McCullough

