

WHEN RECORDED RETURN TO:

John E Allen
6791 E Loop Rd
Stevenson, Wash 98648

Skamania County, WA **2024-000099**
Total: \$21.00
DEATH 01/25/2024 01:33 PM
Pgs=4
Request of: JOHN E ALLEN



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 12-27-23

[] Additional numbers on page _____ of document. AFN# 2023-001902

GRANTOR(S):

1. Kathryn C Allen 2. Skamania County
Real Estate Excise Tax
37025
3. _____ 4. JAN 25 2024

[] Additional names on page _____ of document. PAID Exempt

GRANTEE(S):

1. John Edwin Allen JTWRos 2. Robert Henry Allen JTWRos
3. _____ 4. _____

[] Additional names on page _____ of document.

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

SEC 36 T3 NR 7 1/2 E W M

[] Complete legal on page 4 of document. See Exhibit A for full legal

Assessor's Property Tax Parcel # 03753630010000

[] 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: 2023-065029

DATE ISSUED: 01/08/2024

FEE NUMBER: 174586446

FIRST AND MIDDLE NAME(S): KATHRYN CHARLOTTE

LAST NAME(S): ALLEN

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: DECEMBER 28, 2023

HOUR OF DEATH: 02:15 PM

SEX: FEMALE

AGE: 97 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 6291 E LOOP RD

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 6291 E LOOP RD

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 34 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 12, 1926

BIRTHPLACE: TRAFALGAR, ON CANADA

FATHER: WILBERT HAROLD BIGGAR

MOTHER: ETHEL CONOVER

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

OCCUPATION: PROPERTY MANAGMENT

INDUSTRY: PROPERTY

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

CITY, STATE: HOOD RIVER, OREGON

DISPOSITION DATE: JANUARY 08, 2024

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

INFORMANT: JOHN ALLEN

RELATIONSHIP: SON

ADDRESS: 6291 LOOP RD, STEVENSON, WASHINGTON, 98648

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: VICTORIA LARA

CAUSE OF DEATH:

A: PNEUMONIA

INTERVAL: DAYS TO WEEKS

B: DYSPHAGIA WITH ASPIRATION

INTERVAL: WEEKS TO MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECURRENT URINARY TRACT INFECTION, CONGESTIVE HEAR FAILURE, ULCERATIVE COLITIS

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: JORDAN NAGLE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 407 PORTWAY AVE SUITE 201

CITY, STATE, ZIP: HOOD RIVER, OREGON 97031

DATE SIGNED: JANUARY 06, 2024

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: JORDAN NAGLE, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: JANUARY 08, 2024

Affidavit for Correction

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
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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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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 forgoing is true and correct.

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	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

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.

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

JAN 08 2024

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



EXHIBIT A

LEGAL DESCRIPTION:

Legal: Lots 1 and 2 and that portion of Lot 5 lying southerly of Strawberry Road as presently located, all in Strawberry Hill Tracts in Section 36, Township 3 North, Range 7 1/2 East of the Willamette Meridian, according to the official plat thereof on file and of record in Book "A" of Plats, on page 43, records of Skamania County Washington.

Together with:

- Space # 1 1977 KOZY 66/14 V#SB0676A L# @97051
- Space # 2 1979 SNDPR 66/14 V#ORFL1A930382081 L# \$79031
- Space # 6 1968 KIT 60G/12 L# %68474 V# CFG1FDRS1211
- Space # 8 Empty Space
- Space # 9 90-004030000000 1976 Maro 70/14 B#H14270FLK60343 Title #1829096038
- Space # 10 1972 GRATL M# 6012ST V#9772 L#107788

Skamania County Assessor

Date 1/25/24 Parcel# 3-79-36-3-100
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