



**WHEN RECORDED RETURN TO:**

Darcy Ohnemus

PO Box 731

Carson, WA 98610

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 01/30/2024 AFN #2024-000123

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

1. Scott Ohnemus

Skamania County

Real Estate Excise Tax

3.

2.

4.

37130

APR 16 2024

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

PAID

exempt

Skamania County Treasurer

1. Darcy Ohnemus

2.

3.

4.

☐ Additional names on page \_\_\_\_ of document.

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

See Exhibit A for full legal description

☐ Complete legal on page \_\_\_\_ of document.

**Assessor's Property Tax Parcel #**

03082014040600

ym 4/16/24

☐ 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: **2024-010112**

DATE ISSUED: **03/04/2024**

FEE NUMBER: **177459840**

FIRST AND MIDDLE NAME(S): **SCOTT DOUGLAS**  
LAST NAME(S): **OHNEMUS**

COUNTY OF DEATH: **CLARK**

DATE OF DEATH: **FEBRUARY 21, 2024**

HOUR OF DEATH: **12:30 PM**

SEX: **MALE**

AGE: **63 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: **NOVEMBER 24, 1960**

BIRTHPLACE: **BURIEN, WA**

MARITAL STATUS: **MARRIED**

SURVIVING SPOUSE: **BETH OHNEMUS**

OCCUPATION: **CARPENTER**

INDUSTRY: **CONSTRUCTION - GENERAL**

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

US ARMED FORCES: **NO**

INFORMANT: **BETH OHNEMUS**

RELATIONSHIP: **SPOUSE**

ADDRESS: **321 METZGER RD, CARSON, WA, 98610**

CAUSE OF DEATH:

A: **ACUTE LIVER FAILURE DUE TO CIRRHOSIS**

INTERVAL: **10 MONTHS**

B: **ALCOHOL ABUSE**

INTERVAL: **24 MONTHS**

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: **HOSPITAL**

FACILITY OR ADDRESS: **PEACEHEALTH SOUTHWEST MEDICAL CENTER**  
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98664**

RESIDENCE STREET: **321 METZGER RD**

CITY, STATE, ZIP: **CARSON, WA 98610-3041**

INSIDE CITY LIMITS: **NO**

COUNTY: **SKAMANIA**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **32 YEARS**

FATHER: **STANLEY DOUGLAS OHNEMUS**

MOTHER: **ELIZABETH ANNE YOUNG**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **COLUMBIA GORGE CREMATION HOOD RIVER**

CITY, STATE: **GOLDENDALE, WASHINGTON**

DISPOSITION DATE: **MARCH 02, 2024**

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: **NOT APPLICABLE**

CERTIFIER NAME: **JOLANTA S. OLSON, MD**

TITLE: **PHYSICIAN**

CERTIFIER ADDRESS: **400 NE MOTHER JOSEPH PL**

CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98664**

DATE SIGNED: **FEBRUARY 26, 2024**

CASE REFERRED TO ME/CORONER: **YES**

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CLARA ROBERTSON**

DATE RECEIVED: **MARCH 01, 2024**



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**

<b>Required</b>	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
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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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**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**

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.
  - 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**

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**

MAR 04 2024

Joel McCullough, M.D.  
Klickitat County Health Department  
*Joel McCullough*Certificate not valid unless the Seal of the State of  
Washington changes color when heat applied.

06170407

EXHIBIT A

A TRACT OF LAND IN THE NORTHEAST QUARTER OF THE  
SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 3 NORTH,  
RANGE 8 EAST OF THE WILLAMETTE MERIDIAN IN THE COUNTY  
OF SKAMANIA AND STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT NORTH 0 DEGREES 35' 27" EAST 332.43  
FEET AND NORTH 89 DEGREES 15' 29" WEST 20 FEET FROM THE  
SOUTHEAST CORNER OF THE NORTHEAST QUARTER OF THE SOUTHEAST  
QUARTER OF SAID SECTION 20, THENCE NORTH 0 DEGREES 35' 27"  
EAST 105.07 FEET TO THE SOUTHEAST CORNER OF LOT 3 OF THE  
PATRICIA GRUVLR SHORT PLAT, REVISED, AS SHOWN IN BOOK 2 OF  
SHORT PLATS AT PAGE 116; THENCE SOUTH 87 DEGREES 46' 50"  
WEST 166 FEET; THENCE SOUTH 0 DEGREES 35' 27" WEST 98.1  
FEET ALONG A COMMON LINE WITH LOT 3 OF THIS SHORT PLAT;  
THENCE SOUTH 89 DEGREES 49' 43" EAST 165.80 FEET ALONG A  
COMMON LINE WITH LOT 1 OF THIS SHORT PLAT TO THE POINT OF  
BEGINNING.

ALSO KNOWN AS LOT 2 MCLEOD SHORT PLAT RECORDED IN BOOK 3  
OF PLATS, PAGE 68.

EXCLUDING THE WESTERLY 5 FEET OF LOT 3 OF THE PATRICIA  
MCLEOD SHORT PLAT.

Skamania County Assessor

Date 4-16-24 Parcel# 03082014040600

*Jm*