

Return Address:  
BRIAN BRAULT  
PO Box 1549  
Longview, WA 98632

Skamania County, WA  
Total: \$20.00  
DEATH  
Pgs=3  
Request of: WALSTEAD MERTSCHING PS

2024-001725

11/21/2024 08:37 AM



WASHINGTON STATE COUNTY AUDITOR/RECORDER'S  
INDEXING FORM (Cover Sheet)  
RCW 65.04.047

Please print or type information

<b>Document Title(s)</b> (or, transactions contained therein): 1. <u>Death Certificate</u>	
<b>Reference Number(s)</b> of Documents assigned or released: _____	
<input type="checkbox"/> Additional reference #s on page _____ of document	
<b>Grantor(s)</b> (Last name first, then first name and initials): 1. <u>RELYEA, CAROL L.</u>	Skamania County Real Estate Excise Tax <u>N/A</u> NOV 14 2024
<input type="checkbox"/> Additional Grantor(s) on page _____ of document.	
<b>Grantee(s)</b> (Last name first, then first name and initials): 1. <u>TO THE PUBLIC</u>	PAID <u>N/A</u> Skamania County Treasurer <u>Max Monaghan-Sapich</u>
<input type="checkbox"/> Additional Grantee(s) on page _____ of document.	
<b>Legal Description</b> (abbreviated: i.e., lot, block, plat or section, township, range):  <input type="checkbox"/> Additional legal description on page _____ of document.	
<b>Assessor's Property Tax Parcel/Account Number(s):</b>  <input type="checkbox"/> Assessor Tax # not yet assigned.	
<b>The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.</b>	
"I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document."	
_____ Signature	_____ Printed Name



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-059816

DATE ISSUED: 12/20/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CAROL L

LAST NAME(S): RELYEA

COUNTY OF DEATH: CLARK

DATE OF DEATH: NOVEMBER 24, 2022

HOUR OF DEATH: 12:35 AM

SEX: FEMALE

AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 21, 1942

BIRTHPLACE: SAN FRANCISCO, CA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MANAGER

INDUSTRY: REAL ESTATE

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: CONSTANCE RELYEA

RELATIONSHIP: DAUGHTER

ADDRESS: 18916 NE 10TH AVE RIDGEFIELD, WA 98642

CAUSE OF DEATH:

A: CANCER METASTATIC TO BRAIN

INTERVAL: MONTHS

B: ADENOCARCINOMA OF RIGHT LUNG

INTERVAL: 1 YEAR

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE  
STAGE 3, 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: 19006 NE 10TH AVE

CITY, STATE, ZIP: RIDGEFIELD, WASHINGTON 98642

RESIDENCE STREET: 19006 NE 10TH AVE

CITY, STATE, ZIP: RIDGEFIELD, WA 98642

INSIDE CITY LIMITS: NO

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: CHARLES HIXSON

MOTHER: LEONA TESKE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: NOVEMBER 28, 2022

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MARGO MCGEEHEE-KELLY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2701 NW VAUGHN ST #140

CITY, STATE, ZIP: PORTLAND, OREGON 97210-5344

DATE SIGNED: NOVEMBER 27, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATIE GRAUE

DATE RECEIVED: NOVEMBER 28, 2022

# 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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<b>Required</b>	<b>Required information must match current information on record</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			
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 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	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 Acknowledgement 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.

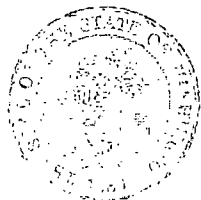
\*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

### Death Certificates

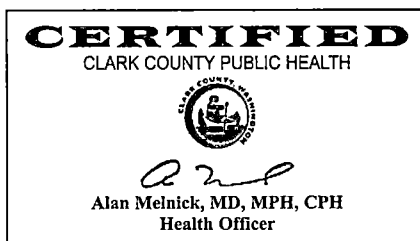
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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