

2024-001883



00020157202400018830040040

WHEN RECORDED MAIL TO:

Andrea Wilbanks
366 Foster Creek Road
Stevenson, WA 98648

DOCUMENT TITLE(S)

CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

COMMUNITY PROPERTY AGREEMENT Bk 53, Pg 483

GRANTOR(S):

Gloria Patricia Howell, Deceased

GRANTEE(S):

Angela Moser and Andrea Wilbanks, as Co-Personal Representatives of the Estate of Eran E. Howell,
Deceased

ABBREVIATED LEGAL DESCRIPTION:

Ptn. Sec 1, T2N, R7E W.M.

Full Legal Description on Page 4

Skamania County
Real Estate Excise Tax

N/A

DEC 23 2024

PAID

N/A

TAX PARCEL NUMBER(S):

02-07-01-2-0-1000-00

Skamania County Treasurer
M. Morgan

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-055314

DATE ISSUED: 11/17/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GLORIA PATRICIA

LAST NAME(S): HOWELL

COUNTY OF DEATH: CLARK

DATE OF DEATH: NOVEMBER 09, 2023

HOUR OF DEATH: 01:20 PM

SEX: FEMALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 11, 1939

BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ERAN EARL HOWELL

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: ANDREA M WILBANKS

RELATIONSHIP: DAUGHTER

ADDRESS: P.O. BOX 131, NORTH BONNEVILLE, WASHINGTON 98639

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: MONTHS

B: ATHEROSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HUMERUS FRACTURE

DATE OF INJURY: OCTOBER 21, 2023

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: PERSONAL RESIDENCE

LOCATION OF INJURY: 230 SW ATWELL ROAD

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

COUNTY: SKAMANIA

DESCRIBE HOW INJURY OCCURRED: FELL DOWN TWO STEPS AT RESIDENCE

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: 230 SW ATTWELL ROAD

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 60 YEARS

FATHER: JAMES J NOCE

MOTHER: RUTH ALLINGER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LOWER COLUMBIA CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: NOVEMBER 14, 2023

FUNERAL FACILITY: CASCADIA CREMATION & BURIAL SERVICES

ADDRESS: 6303 E 18TH STREET STE A

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

FUNERAL DIRECTOR: JOHN A. BRUTTO, II

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JENNIFER NARA, DO

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 5000

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98666

DATE SIGNED: NOVEMBER 13, 2023

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 2023-3636

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ELIZABETH HORTON

DATE RECEIVED: NOVEMBER 14, 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 | 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: 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: | | 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.

Adult (18 years or older)

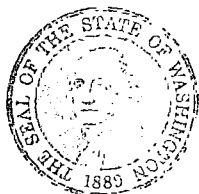
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

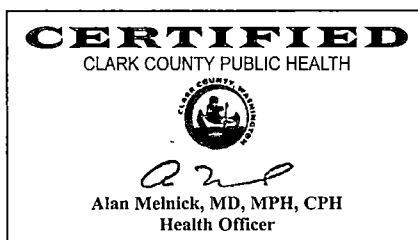
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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EXHIBIT "A"

Beginning at the intersection of the West line of Section 1, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, with the North line of the Baughman D.L.C., said point being 1,520.65 feet South of the Northwest corner of said Section 1;

Thence North $00^{\circ} 01'$ West along said West line of Section 1 a distance of 202 feet to the Point of Beginning;

Thence North $00^{\circ} 01'$ West, along said West line of Section 1, a distance of 30 feet; thence East 116 feet, more or less, to right of way of former State Highway according to survey approved March 16, 1927;

Thence Southerly along the right of way line of said State Highway to a point East of Point of Beginning.

Thence west to the point of beginning.
ALSO:

A tract of land located in the Northwest Quarter of the Northwest Quarter of Section 1, Township 2 North, Range 7 East of the Willamette Meridian, Skamania County, Washington described as follows:

Beginning at a point on the West line of the said Section 1, North 232 feet from the intersection of said Section line with the North line of the Baughman D.L.C.; thence North $00^{\circ} 01'$ West along said Section line 184.55 feet;

Thence South $74^{\circ} 38' 20''$ East to intersection with an existing road, the survey of which was approved by the State Highway Commission of the State of Washington on March 16, 1927; and formerly designated as State Highway No. 8;

Thence following the Northerly right of way line of said existing road formerly known as State Highway No. 8 in a Southwesterly direction to a point 232 feet North of the North line of the Baughman D.L.C.;

Thence West to the Point of Beginning.

EXCEPT that portion thereof Deeded to Frank L. Richards, et ux, by Deed dated April 20, 1963 and recorded in Book 51 on Page 232, Records of Skamania County, Washington.

Skamania County Assessor *om*

Date *12/23/24* Parcel# *02070120100000*