

Skamania County, WA
Total: \$20.00
DEATH
Pgs=3

2025-000561

04/24/2025 04:43 PM

Request of: GABRIEL SAMSEL



Skamania County
Real Estate Excise Tax

Return Address:
Gabriel Samsel
3537 Q Street
Washougal, WA 98671

N/A
APR 24 2025

PAID W/A
Skamania County Treasurer
Emily R. Lee - Deputy

Document Title(s) or transactions contained herein:
Death Certificate
04/15/2025

GRANTOR(S) (Last name, first name, middle initial)

Samsel, Bonita B

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Samsel, Christopher Aaron

Samsel, Gabriel Keene

Joint Tenants in Common with Right of Survivorship

☐ Additional names on page _____ of document.

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

A parcel of land located in Johnson DLC in the NE QTR of Sec 20. T2N, R7E of the Willamette Meridian, Skamania County Washougal, described as Lot 1 of the VERN TOL S/P, as recorded in Bk 1/PG 7, Skamania County Short Plat Records.

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

AFN #2025-000016 01/06/2025

AFN #2025-000560

Skamania County Assessor

Date 4/28/25 Parcel # 2-7-20-1-203

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02072010020300

☐ Property Tax Parcel ID is not yet assigned

☐ Additional parcel numbers on page _____ of document.

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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-017983

DATE ISSUED: 04/15/2025

FEE NUMBER: 200047127

FIRST AND MIDDLE NAME(S): BONITA BLOSSOM

LAST NAME(S): SAMSEL

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: APRIL 06, 2025

HOUR OF DEATH: 08:30 PM

SEX: FEMALE

AGE: 70 YEARS

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 2020 GREENLEAF DR

CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639

RESIDENCE STREET: 2020 GREENLEAF DR

CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 33 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 01, 1954

BIRTHPLACE: HOOD RIVER, OR

FATHER: HUSTON KEEN DILLON

MOTHER: LAURETTA BELLE KARNS

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

OCCUPATION: CLERICAL/CLERK

INDUSTRY: BANKS - CREDIT UNIONS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: HOOD RIVER, OREGON

DISPOSITION DATE: APRIL 10, 2025

INFORMANT: MELANIE LEAL

RELATIONSHIP: SISTER

ADDRESS: 52 DILLON RD, STEVENSON, WASHINGTON 98648

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 156 NE CHURCH AVE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: JOHN H. TRUMBULL

LOCAL DEPUTY REGISTRAR: LISA MITCHELL

DATE RECEIVED: APRIL 10, 2025

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

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.



CERTIFIED

APR 15 2025

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

