Skamania County, WA
Total:$20.00
DEATH
Pgs=3
2025-000587
04/29/2025 02:50 PM
Request of: LAW OFFICE OF TONYA HERBERT
00021069202500005870030035

Skamania County
Real Estate Excise Tax
N/A
APR 29 2025
PAID N/A
Skamania County Treasurer
By M Monaghan Deputy

RECORDING COVER PAGE

Recorded By:
Law Office of Tonya Hebert, pllc
411 NE First Street, P.O. Box 69
Winlock, Washington 98596

TO:	SKAMANIA COUNTY AUDITOR
DOCUMENT:	CERTIFICATE OF DEATH
DATE:	April 25, 2025
GRANTOR:	BONITE CAROL SHERMAN
GRANTEE:	DOMINIC J. SHERMAN, ESTATE OF
ABB LEGAL DESCRIPTION:	#104 Section 20, Township 2N, Range 5E
SKAMANIA COUNTY PARCEL:	02052000010400 LM 4/29/25
PAGES:	3 including this cover page

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 2164

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First: Bonite | Middle: Carol | LAST: Sherman | Suffix:

2. Death Date: 09/09/2013

3. Sex (M/F): F

4a. Age – Last Birthday: 64

4b. Under 1 Year Months / Days:

4c. Under 1 Day Hours / Minutes:

5. Social Security Number: [redacted]

6. County of Death: Clark

7. Birthdate: 10/29/1948

8a. Birthplace (City, Town, or County): Watertown

8b. (State or Foreign Country): South Dakota

9. Decedent's Education: High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No

11. Decedent's Race(s): White

12. Was Decedent ever in U.S. Armed Forces? No

Part 1 completed by Funeral Director

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 362 B Dobbins Road

13b. City or Town: Washougal

13c. Residence: County: Skamania

13d. Tribal Reservation Name (if applicable): N/A

13e. State or Foreign Country: Washington

13f. Zip Code + 4: 98671

13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence: 32 Years

15. Marital Status at Time of Death: Married

16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Dominic J. Sherman

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Cosmetician

18. Kind of Business/Industry (Do not use Company Name): Cosmotologist

19. Father's Name (First, Middle, Last, Suffix): Lloyd Kardinske

20. Mother's Name Before First Marriage (First, Middle, Last): Lucille Kruiter

21. Informant's Name: Dominic J. Sherman

22. Relationship to Decedent: Husband

23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 362 B Dobbins Rd. Washougal, WA 98671

24. Place of Death, if Death Occurred in a Hospital:

Place of Death, if Death Occurred Somewhere Other than a Hospital: Hospice Facility

25. Facility Name (If not a facility, give number & street or location): Ray Hickey Hospice House

26a. City, Town, or Location of Death: Vancouver

26b. State: WA

27. Zip Code: 98661

28. Method of Disposition: Cremation

29. Place of Final Disposition (Name of cemetery, crematory, other place): Oregon First Call Plus Crematory

30. Location-City/Town, and State: Portland, Oregon

31. Name and Complete Address of Funeral Facility: Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607

32. Date of Disposition: 09/11/2013

33. Funeral Director Signature X Ron A. Brown

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

			Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a.	COPD	
		Due to (or as a consequence of):	Interval between Onset & Death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.		
		Due to (or as a consequence of):	Interval between Onset & Death
	c.		
		Due to (or as a consequence of):	Interval between Onset & Death
	d.		

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? ☐ Yes ☒ No

37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No

Part 2 completed by Certifier

38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending

39. If female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY):

42. Hour of Injury (24hrs):

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):

44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: / Apt No. / City or Town: / County: / State: / Zip Code+4:

46. Describe how injury occurred

47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.

X

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Chris Stamatakos 201 NE 139th Ave #450 Vancouver, WA 98684

50. Hour of Death (24hrs): 2055

51. Name and Title of Attending Physician if other than Certifier (Type or Print):

52. Date Signed (MM/DD/YYYY): 09/10/2013

53. Title of Certifier: MD

54. License Number: MD38466

55. ME/Coroner File Number:

56. Was case referred to ME/Coroner? ☐ Yes ☒ No

57. Registrar Signature

X

58. Date Received (MM/DD/YYYY): SEP 11 2013

59. Amendments

DOH 01-003 (1/13)

DOH/CHS 003 Rev 07/2002

Health

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

Date File Number	File Number	Initials	Date	Affidavit Number

Use the section below for requesting any changes on the record.

Record type: Birth | Death | Marriage | Dissolution

1. Name on record	2. Date of Event	3. Place of Event (City or County)

4. Father's Full Name [illegible] | 5. Mother's Full Maiden Name (For Birth) Spouse B/Wife for Marriage or Dissolution

The record should be corrected as follows:

Item	The record now shows	The true fact is

Relationship to person on record: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify)

Telephone Number:

I declare under penalty of perjury under the laws of the State of [illegible] true and correct.

[illegible] Driver's License, Social Security card or hospital issued decorative birth certificate.

Examples of documentary proof: Certificate of Naturalization, Census Report (Social Security Administration), School Transcripts (official), Hospital/Medical Record, Military Record, Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport

Birth Certificate:

- Only the parent, legal guardian (if the child is under 18) or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact [illegible] the affidavit states the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe [illegible]
- Child under 18 [illegible]
- Only parent(s) or legal guardian [illegible]
- Guardian must submit certified copy of [illegible]
- [illegible]
- Adult (18 years or older): Only the adult themselves can change the birth certificate.
- [illegible] name is absent, three pieces of documentary proof are required.
- If the first and/or middle name is misspelled, two pieces of documentary proof are required.
- To [illegible] date/place of birth or parent's information, one [illegible] required.
- [illegible] years old or have been established [illegible] birth.

[illegible] form DOH/CHS 021)

Only the informant, [illegible] or executor/administrator (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.

[illegible] person.

[illegible] dissolution must [illegible] affidavit.

DOH/CHS 023a January 2013

CERTIFIED

SEP 11 2013

Alan Melnick
Health Officer
Clark County Public Health

YY00165514