

LOUISA A. ROSE, husband and wife, were the following described real estate, the disposition of which is controlled by the terms of the said Community Property Agreement:

County of Skamania, State of Washington

Lot 15, HIDEAWAY II, according to the recorded plat thereof, recorded in Book B of Plats, Page 4 in the County of Skamania, State of Washington.

SUBJECT TO: Future Real Property Taxes and/or Assessments, Covenants, conditions, restrictions, easements and reservations of record, if any.

6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.

7. Said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.

8. All obligations of the marital community composed ROCKY W. HAMILTON and LOUISA A. ROSE, husband and wife, and all separate obligations of the said ROCKY W. HAMILTON have been paid in full, and all expenses of last illness and funeral expenses have been paid.

IN WITNESS WHEREOF, I have hereunto set my hand this 10 day of June, 2025.

Louisa A. Rose

LOUISA A. ROSE

SUBSCRIBED and SWORN to before me this 10 day of June, 2025.

[Signature]

NOTARY PUBLIC in and for the State of Washington, residing at Camas. My commission expires: 10/19/27.

NOTARY PUBLIC
STATE OF WASHINGTON
DAVID H SCHULTZ
MY COMMISSION EXPIRES
OCTOBER 09, 2027
COMMISSION # 96299

Skamania County Assessor *[Signature]*

Date 6/24/25 Parcel# 02051124011500

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-018350

DATE ISSUED: 04/15/2025
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROCKY WARREN
LAST NAME(S): HAMILTON

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: APRIL 05, 2025
HOUR OF DEATH: 06:00 AM
SEX: MALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 41 DOUGAN FALLS LANE
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

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

RESIDENCE STREET: 41 DOUGAN FALLS LANE
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: DECEMBER 04, 1959
BIRTHPLACE: UNKNOWN

FATHER: EVERETT HAMILTON
MOTHER: UNKNOWN

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LOUISA ROSE

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER LLC

OCCUPATION: WELDER
INDUSTRY: CONSTRUCTION - GENERAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: APRIL 15, 2025

INFORMANT: LOUISA ROSE
RELATIONSHIP: SPOUSE
ADDRESS: 41 DOUGAN FALLS LANE WASHOUGAL, WA 98671

FUNERAL FACILITY: EVERGREEN STAPLES FUNERAL CHAPEL

ADDRESS: PO BOX 5426
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
FUNERAL DIRECTOR: DEVYNN N. HALEY

CAUSE OF DEATH:
A: MALIGNANT NEOPLASM OF PANCREAS
INTERVAL: MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: ALYSHA GOODWIN, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
DATE SIGNED: APRIL 07, 2025

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA MITCHELL
DATE RECEIVED: APRIL 14, 2025

Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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:		2. Date of Event:	3. Place of Event:
	First Middle Last	MM/DD/YYYY	(City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First Middle Last/Maiden	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
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 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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)

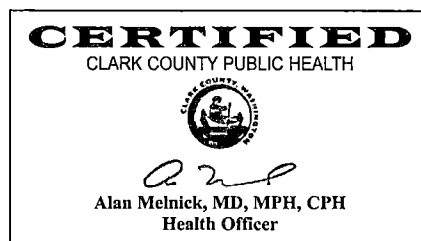
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To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

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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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