

Skamania County, WA
Total:\$306.50
MISC
Pgs=4

2025-001772

11/05/2025 04:51 PM

Request of: SHAWN R MACPHERSON



RETURN ADDRESS
Shawn R. MacPherson
430 NE Everett Street
Camas, WA 98607

Please print neatly or type information
Document Title(s):

**Death Certificate
Letters of Testamentary**

Skamania County
Real Estate Excise Tax

N/A

NOV 05 2025

PAID

N/A

Skamania County Treasurer
K. A. Deputy

Reference Number(s) of related documents:

Additional Reference #'s on page

Grantor(s) (Last name, First name and Middle Initial):

STEENECK, JUDITH B.

Grantee(s) (Last name, First name and Middle Initial):

STEENECK, ROBERT T.

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter):

Interlaken Resort Site 2 (11)
T2N R11E Sec 14

Assessor's Property Tax Parcel/Account Numbers:

Skamania County Assessor

Date 11/5/25 Parcel# 02071400210200

Assessor's Tax Parcel ID No: 62-07-14-0-0-2102-00

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

sm
di

FILED
SEP 16 2024

Scott G. Weber, Clerk, Clark Co.

10:43AM

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

IN THE MATTER OF THE ESTATE
OF
JUDITH B. STEENECK,
Deceased.

} 24 4 01123 06
} NO.
} LETTERS TESTAMENTARY
}

Here WHEREAS, the Last Will and Testament of JUDITH B. STEENECK, deceased, was on the day of September, 2024, exhibited, proven and recorded in our said Superior Court; and
WHEREAS, it appears in and by the said Will that ROBERT T. STEENECK is appointed as Personal Representatives therein; and

WHEREAS, said ROBERT T. STEENECK has qualified;

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said ROBERT T. STEENECK to execute said Will according to law.

WITNESS my hand and seal of said Court this 11th day of September, 2024.

Scott G. Weber

Clerk of said Court
Deputy.



STATE OF WASHINGTON
COUNTY OF CLARK

} ss. CERTIFICATE OF TRANSCRIPT AND RECORDING

I, SCOTT G. WEBER, County Clerk and Clerk of the above-entitled Court, do hereby certify that the foregoing Letters Testamentary have been by me duly recorded as required by law, and that the above LETTERS TESTAMENTARY is a true and correct copy of the original on file and recorded in this office, AND THAT THE SAME ARE STILL OF FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have hereunto set my hand and official Seal of the above-entitled Court this 5th day of November, 2024. 2025

Scott G. Weber

Clerk of said Superior Court.
Deputy.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-041703

DATE ISSUED: 08/29/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JUDITH BLAIR

LAST NAME(S): STEENECK

COUNTY OF DEATH: CLARK

DATE OF DEATH: AUGUST 27, 2024

HOUR OF DEATH: 11:59 AM

SEX: FEMALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 17, 1938

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: OWNER/OPERATOR

INDUSTRY: TOUR COMPANY

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: ROBERT STEENECK

RELATIONSHIP: SON

ADDRESS: 31710 SE 5TH ST. WASHOUOGAL, WA 98671

CAUSE OF DEATH:

A: SENILE DEGENERATION OF THE BRAIN

INTERVAL: 7 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANOREXIA, DYSPHAGIA,
SEVERE PROTEIN CALORIE MALNUTRITION, DIABETES MELLITUS TYPE 2

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: 2911 SE VILLAGE LOOP

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683

RESIDENCE STREET: 2911 SE VILLAGE LOOP

CITY, STATE, ZIP: VANCOUVER, WA 98683

INSIDE CITY LIMITS: YES

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: THOMAS BLAIR

MOTHER: ALICE PARKE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: AUGUST 28, 2024

FUNERAL FACILITY: STRAUB'S FUNERAL HOME AND COLUMBIA RIVER
CREMATION

ADDRESS: 325 NE THIRD AVE

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: CHRISTIAN M. DIERICKX

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

CERTIFIER NAME: DENISE M. JANETOS, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 6410 NE HALSEY ST

CITY, STATE, ZIP: PORTLAND, OREGON 97213

DATE SIGNED: AUGUST 27, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ELIZABETH HORTON

DATE RECEIVED: AUGUST 28, 2024

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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Required information must match current information on record

Required	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 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.

CERTIFIED
CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer

