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FILED
AUG 28 2015
JILL E. WHELCHER
WHITMAN COUNTY CLERK

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

In the Matter of the Estate of:)
C. JEANETTE MCCONNELL,) Case No.: 15 4 00099 9
Deceased.) LETTERS TESTAMENTARY
)

WHEREAS the Last Will of C. JEANETTE MCCONNELL, dated the 22ND day of August, 2000, and the First Codicil to Last Will and Testament, dated the 11th day of December, 2000, was on the 28 day of Aug, 2015 duly exhibited, proven, and recorded in the above-entitled Superior Court and,

WHEREAS, it appears in and by the said Will that JACQUELINE MCCONNELL-FEIL is appointed as personal representative; and,

WHEREAS, said personal representative have duly qualified;

NOW, THEREFORE, know all men by these presents that I do hereby authorize the said JACQUELINE MCCONNELL-FEIL to execute said Will and Codicil according to law.

WITNESS my hand and seal of said Court this 28 day of Aug, 2015.

Clerk of Superior Court

BY: Brenda J Cloninger

49303

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-022122

DATE ISSUED: 08/18/2015

FEE NUMBER: 0000243917

GIVEN NAMES: CLEO JEANETTE
LAST NAME: MCCONNELL

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 08, 2015
HOUR OF DEATH: 01:17 P.M.
SEX: FEMALE
AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: NOVEMBER 28, 1919
BIRTHPLACE: YAKIMA, YAKIMA CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: JACQUELINE MCCONNELL-FEIL
RELATIONSHIP: DAUGHTER
ADDRESS: 611 3RD ST, ASOTIN WA, 99402

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: RIVERVIEW RESIDENTIAL CARE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1842 GOLF VIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: BERT G LEWIS
MOTHER: ELLA MAUDE CROFT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE, ZIP: LEWISTON, ID
DISPOSITION DATE: AUGUST 12, 2015

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:
A. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND ASPIRATION PNEUMONIA

INTERVAL: 3 MONTHS

B. EMPHYSEMA AND HISTORICAL USE OF TOBACCO
INTERVAL: 40 YEARS

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DEMENTIA, PERIPHERAL VASCULAR DISEASE

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL

AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DONALD GREGGAIN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: AUGUST 11, 2015



STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NO NAME

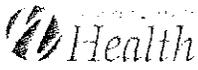
NUMBER(S): 2015063451
DATE(S): 08/17/2015

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

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: AUGUST 12, 2015

49303

DOH 01-003 (1714)



Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
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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: _____

4. Father/Parent Full Birth Name: _____ 5. Mother/Parent Full Birth Name: _____

The record is incorrect or incomplete as follows:

The record now shows: _____ The true fact is: _____

6. _____ 7. _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered and recorded. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

- Examples of acceptable documentary proof:
- Birth Record
 - Certificate of Naturalization
 - Military Record (DD-214)
 - Passport
 - Resident Report (from Social Security Administration)
 - Marriage/Divorce Record
 - LTC Insurance Policy
 - Hospital/Medical Record
 - School Transcripts (Official)
 - Alien Registration (front and back)

Birth Certificate

- Only a parent/legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof must match exactly the information requested. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name (last, first, middle, initial, etc.) as Mary Ann Doe. Does not prove the name is Mary Ann Doe.
- Child Under 18**
 - Only parents/legal guardian can change the birth certificate.
 - Children 12-17 can request a court order giving them authority to act on behalf of a parent.
 - Until a court order is issued, the date of birth cannot be changed, nor can the name be changed (first, middle, last, or full birth name) (if present on the certificate) or any other details of the form (for example, a court order to legal name change is required).
 - Parents may change the middle first or last name by completing the Affidavit of Name Change if proof is provided.
 - To correct a child's name to a name that was never established, proof is required that the name has been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

Death Certificate

- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is provided) may change the non-medical information on the certificate (parents, legal guardian, child or spouse); marital status requires a certified copy of the divorce or annulment. The informant must be someone other than the informant who reported the change.
- Medical information on the certificate may be changed only by the certifying physician or a coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Only the officiant and the party of legal age (name, date of birth or last name) may be changed by affidavit.
- To correct a marriage certificate, the officiant (marriage) or party of birth (dissolution) must provide proof by the person filing the affidavit.



Lawrence M. Garges, M.D.
Health Officer

AUG 18 2015
AA00243932
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