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<input type="checkbox"/> EXPEDITE
<input type="checkbox"/> Hearing is Set
Date: _____
Time: _____
Judge/Calendar: _____

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF THURSTON**

IN RE THE ESTATE OF:) Case No.: 23-4-00859-34
HANS CARL STOKER,) DEATH CERTIFICATE.
Deceased.)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-044404

DATE ISSUED: 09/13/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HANS CARL
LAST NAME(S): STOKER

COUNTY OF DEATH: THURSTON
DATE OF DEATH: SEPTEMBER 02, 2023
HOUR OF DEATH: 08:55 PM
SEX: MALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE ST. PETER HOSPITAL
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98506

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

RESIDENCE STREET: 6945 76TH AVE NE
CITY, STATE, ZIP: OLYMPIA, WA 98516-9572
INSIDE CITY LIMITS: NO COUNTY: THURSTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: APRIL 25, 1956
BIRTHPLACE: OLYMPIA, WA

FATHER: GERRITT STOKER
MOTHER: BOUKJE HOOGENBERG

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KATHRYN LORENE WARREN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MILLER-WOODLAWN CREMATORY

OCCUPATION: BUSINESS OWNER
INDUSTRY: COMPUTER SYSTEMS
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: BREMERTON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 18, 2023

INFORMANT: KATHRYN LORENE STOKER
RELATIONSHIP: WIFE
ADDRESS: 6945 76TH AVE NE OLYMPIA, WA 98516

FUNERAL FACILITY: MILLS AND MILLS FUNERAL HOME

ADDRESS: 5725 LITTLE ROCK RD SW
CITY, STATE, ZIP: TUMWATER, WASHINGTON 98512
FUNERAL DIRECTOR: TIFFANY MARONE

CAUSE OF DEATH:
A: LIVER FAILURE AND RENAL FAILURE
INTERVAL: DAYS
B: ALCOHOL ABUSE
INTERVAL: YEARS
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: NO RESPONSE

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

CERTIFIER NAME: SUSAN ABRAHAM, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 413 LILLY ROAD NE, MS LLH-21
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98506
DATE SIGNED: SEPTEMBER 05, 2023

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 23-1935-09 NJA
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TERA L. KLOEMPEN
DATE RECEIVED: SEPTEMBER 13, 2023

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 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

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

Dimyana Abdelmalek, MD, MPH

Dimyana Abdelmalek, MD, MPH
HEALTH OFFICER/REGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON

