☐ EXPEDITE
☐ 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.	

DEATH CERTIFICATE

WORTH LAW GROUP, P.S.
6963 Littlerock Road SW
Tumwater, Washington 98512
(360) 753-0948

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: 538-58-4660
HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE:

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

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **KATHRYN LORENE WARREN**

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

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

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:

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

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**

FATHER: **GERRITT STOKER**
MOTHER: **BOUKJE HOOGENBERG**

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

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

FUNERAL FACILITY: **MILLS AND MILLS FUNERAL HOME**

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

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**

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**

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

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

DOH 422-172 (Rev. 1/18)

Washington State Department of Health

DOH 422-034 August 2019

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

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 2nd 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 Acknowledgement 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

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

D Abdelmalek, MD, MPH

Dimyana Abdelmalek, MD, MPH
HEALTH OFFICER/REGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

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