

Recorded at request of:
Pitman Huff Raedel Magaro
Lifetime Legal, PLLC
1235 Fourth Avenue East, Suite 200
Olympia, WA 98506

Document Title(s)
DEATH CERTIFICATE

Reference Number(s) of Related Documents

Grantor(s) (Last, First and Middle Initial)
POLER, Howard John

Grantee(s) (Last, First and Middle Initial)
State of Washington

Abbreviated Legal Description

Assessor's Property Tax Parcel Number

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-057910

DATE ISSUED: 12/14/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HOWARD JOHN
LAST NAME(S): POLER

COUNTY OF DEATH: THURSTON
DATE OF DEATH: DECEMBER 07, 2020
HOUR OF DEATH: 03:00 PM

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 304 MARWOOD LANE SW #10B
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98502

SEX: MALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 304 MARWOOD LANE SW #10B
CITY, STATE, ZIP: OLYMPIA, WA 98502
INSIDE CITY LIMITS: YES COUNTY: THURSTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 MONTHS

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

FATHER: HOWARD ALEXANDER POLER
MOTHER: DORIS JOHANNA [REDACTED]

BIRTH DATE: [REDACTED]
BIRTHPLACE: BREMER TON, WA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SOUTH SOUND CREMATORY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SUE ELLEN GRIMES

CITY, STATE: LACEY, WASHINGTON
DISPOSITION DATE: DECEMBER 14, 2020

OCCUPATION: PURCHASING MANAGER
INDUSTRY: TIMBER/MILLS
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WASHINGTON -
TUMWATER
ADDRESS: 455 NORTH ST SE
CITY, STATE, ZIP: TUMWATER, WASHINGTON 98501
FUNERAL DIRECTOR: DOUGLAS HEATHCOCK

INFORMANT: SUE POLER
RELATIONSHIP: WIFE
ADDRESS: 304 MARWOOD LANE SW # 10 B OLYMPIA, WA 98502

CAUSE OF DEATH:
A. FAILURE TO THRIVE
INTERVAL: 2 WEEKS
B. END STAGE DEMENTIA
INTERVAL: 2 MONTHS
C. INTERVAL:
D. INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:

CERTIFIER NAME: CALVIN KUO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 150 DENNIS STREET SW
CITY, STATE, ZIP: TUMWATER, WA 98501
DATE SIGNED: DECEMBER 09, 2020

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 20-2448-12 NJA
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCATION OF INJURY:

LOGAL DEPUTY REGISTRAR: CANDACE L. CLARK
DATE RECEIVED: DECEMBER 14, 2020

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



Affidavit for Correction

02/04/2021 12:12 PM Page 3 of 3
 Man 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

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
	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 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 foregoing 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 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.

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.

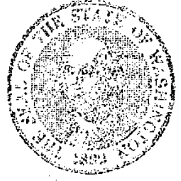
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- 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.

CERTIFIED

 Dimyana Abdelmalek, MD, MPH
 HEALTH OFFICER/REGISTRAR

THURSTON COUNTY
 PUBLIC HEALTH & SOCIAL SERVICES
 OLYMPIA, WASHINGTON



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