

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

RECEIVED

MAR 04 2019

CERTIFICATE OF DEATH

IDWR/NORTHERN



CERTIFICATE NUMBER: 2017-022922

LOCAL FILE NUMBER: 1932

DATE ISSUED: 05/23/2017

FEE NUMBER: 25766

FIRST AND MIDDLE NAME(S): LORI ANN

LAST NAME(S): DONNER

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: MAY 20, 2017

HOUR OF DEATH: 09:50 PM

SEX: FEMALE

AGE: 57 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 01, 1959

BIRTHPLACE: SEATTLE, KING COUNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: CURTIS R DONNER

OCCUPATION: COUNSELOR

INDUSTRY: COUNSELING

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: CURT DONNER

RELATIONSHIP: SPOUSE

ADDRESS: 2112 S CHERRY RD, SPOKANE VALLEY, WA 99216

CAUSE OF DEATH:

A: BASAL CELL CARCINOMA, LOCALLY INVASIVE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ISCHEMIC HEART DISEASE

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPICE

FACILITY OR ADDRESS: HOSPICE OF SPOKANE SOUTH

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99202

RESIDENCE STREET: 2112 S CHERRY RD

CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99216-0341

INSIDE CITY LIMITS: YES COUNTY: SPOKANE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER/PARENT: ROBERT PRICE

MOTHER/PARENT: PEGGY HUGHES

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HENNESSEY CREMATORY (DIVISION)

CITY, STATE: SPOKANE, WASHINGTON

DISPOSITION DATE: MAY 23, 2017

FUNERAL FACILITY: HENNESSEY FUNERAL HOME & CREMATORY

ADDRESS: 2203 N DIVISION ST

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207

FUNERAL DIRECTOR: MARCELLE M. BALDWIN

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ROBERT BRAY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 121 S. ARTHUR

CITY, STATE, ZIP: SPOKANE, WA 99202

DATE SIGNED: MAY 22, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JULIBETH HERNANDEZ

DATE RECEIVED: MAY 22, 2017

SCANNED

MAR 06 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:		2. Date of Event:		3. Place of Event:
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
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:				
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 now shows:	The true fact is:
3.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 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

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

SPOKANE REGIONAL HEALTH DISTRICT

MAY 23 2017

SCANNED

MAR 06 2019



Paula L Maxwell

Paula L. Maxwell
CHIEF DEPUTY REGISTRAR



0 1 3 3 2 6 1 1

FILED

JUN 12 2017

Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

(Clerk's Date Stamp)



SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE

ESTATE OF:

LORI A. DONNER,

Deceased.

CASE NO. 17-4-00847-0

LETTERS TESTAMENTARY
(LTRTS)

I. BASIS

- 1.1 The last will of the decedent(s), late of **SPOKANE COUNTY, WASHINGTON** was exhibited, proven and recorded in this court on: **JUNE 12, 2017**
- 1.2 In that will: **CURTIS R. DONNER** is named personal representative.
- 1.3 The personal representative has qualified.

II. AUTHORIZATION

THIS CERTIFIES: **CURTIS R. DONNER** is authorized by this court to execute the will of the above decedent according to law.

Dated: JUNE 12, 2017

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By Shannon Orlando,
Deputy Clerk

(Seal)

III. CERTIFICATE OF COPY

State of Washington)
County of Spokane)

As clerk of the superior court of this county, I certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on: **JUNE 12, 2017**

I further certify that these letters are now in full force and effect.

Dated: JUNE 12, 2017

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By 
Deputy Clerk

(Seal)

SCANNED
MAR 06 2019



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene ID 83815-7763

Phone: (208) 762-2800 • Fax: (208) 762-2819

Website: idwr.idaho.gov • Email: northerninfo@idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

March 6, 2019

CURTIS R DONNER
2112 S CHERRY RD
SPOKANE VALLEY WA 99216

Re: Water Right No. 95-15370

Dear Mr. Donner:

Enclosed is a copy of the Notice of Completed Administrative Procedure and associated water right(s) that has been sent to the Coeur d'Alene-Spokane River Basin Adjudication Court, reflecting the ownership change for your water right(s). These documents are now required to be filed by the Department in order to notify the Court of any changes to your water right(s).

This notification to the Court does not affect the previous approval of this water right(s). You will be notified of any future action on your water right(s) by the CSRBA Court or Water Resources.

Please contact this office if you have any questions concerning this notification.

Sincerely,

Dawn R. Lenon

Technical Records Specialist 1

SCANNED
MAR 06 2019