136289

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FILED AND RECORDED
AT REQUEST OF SKAMANIA CO. TITLE
SEP 16 12 46 PM '99
GARY M. OLSON

Return Address:

Eleanor M. Bachman
5555 E. Evergreen Blvd 208
Vancouver, WA 98661

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Bachman, Raymond Lee
2.
3.
4.
[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
20417
SEP 16 1999
PAID Exempt
SKAMANIA COUNTY TREASURER

GRANTEE(S) (Last name, first, then first name and initials)
1. Bachman, Eleanor M.
2.
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviatsd: I.E. Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[X] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

LOCAL FILE NUMBER

# CERTIFICATE OF DEATH

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STATE FILE NUMBER

| 1. NAME First | Middle | Last | 2. SEX (M / F) | 3. DEATH DATE (Mo, Day, Yr) |
|---|---|---|---|---|
| Raymond | Lee | BACHMAN | Male | February 14, 1999 |

| 4. AGE LAST BIRTHDAY (Yrs) | 5. UNDER 1 YEAR MOS / DAYS | 6. UNDER 1 DAY HOURS / MINS | 7. BIRTHDATE (Mo, Day, Yr) | 8. BIRTHPLACE (City, State or Foreign Country) | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) | 10. COUNTY OF DEATH |
|---|---|---|---|---|---|---|
| 95 | | | April 2, 1903 | Pawnee City, NE | No | Clark |

| 11. CITY, TOWN OR LOCATION OF DEATH | 12. PLACE OF DEATH—DO NOT USE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br>1. ☐ HOME 2 ☐ IN TRANSPORT 3. ☐ EMERG. ARRIVAL PTH 4 ☐ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE | 13. SMOKING IN LAST 15 YEARS? (Yes / No) |
|---|---|---|
| Vancouver | Fort Vancouver Convalescent Center | No |

| 14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) | 15. SURVIVING SPOUSE (If wife, give maiden name) | 16. SOCIAL SECURITY NO. | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) | College (1-4 or 5+) |
|---|---|---|---|---|
| Married | Eleanor Schildmeyer | 533-10-1212 | | 4 |

| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) | 19. KIND OF BUSINESS OR INDUSTRY | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc (Yes / No) Specify: | 21. RACE (Specify) |
|---|---|---|---|
| Editor and Publisher | Newspaper | No | White |

| 22. RESIDENCE—NUMBER AND STREET | 23. CITY/TOWN, OR LOCATION | 24. INSIDE CITY LIMITS? (Yes / No) | 25A. COUNTY | 25B. LENGTH OF RES. IN CO. | 26. STATE | 27. ZIP CODE |
|---|---|---|---|---|---|---|
| 5555 East Evergeen Blvd #208 | Vancouver | Yes | Clark | 73ys | WA. | 98661 |

| 28. FATHER'S NAME—FIRST, MIDDLE, LAST | 29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME |
|---|---|
| John F. Bachman | Ola Lee Gooch |

| 30. INFORMANT—NAME | 31. MAILING ADDRESS STREET OR RFD NO. | CITY OR TOWN | STATE | ZIP |
|---|---|---|---|---|
| Eleanor Bachman (Wife) | 5555 East Evergreen Blvd. #208 | Vancouver, Washington | | 98661 |

| 32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) | 33. DATE (Mo, Day, Yr) | 34. CEMETERY/CREMATORY—NAME | 35. LOCATION—CITY/TOWN, STATE |
|---|---|---|---|
| Burial | Feb. 17, 1999 | Park Hill Cemetery | Vancouver, Washington |

| 36. FUNERAL DIRECTOR SIGNATURE | 37. NAME OF FACILITY | 38. ADDRESS OF FACILITY |
|---|---|---|
| Kenneth R Anderson | Vancouver Funeral Chapel | 110 East 12th St.<br>Vancouver, Washington 98660 |

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. **TO THE BEST OF MY KNOWLEDGE**, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE
X Cyril A. Dodge MD

40. DATE SIGNED (Mo., Day, Yr)
Feb 16, 1999

41. HOUR OF DEATH (24 Hrs.)
2200 hrs.

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

43. PRONOUNCED DEAD (Mo., Day, Yr)

44. HOUR PRONOUNCED DEAD (24 Hrs.)

45. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Cyrill S. Dodge, MD 700 N.E. 87th Ave. Vancouver, Washington 98664

46. MEDICAL EXAMINER OR CORONER

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

47. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE
X

48. DATE SIGNED (Mo., Day, Yr)

49. HOUR OF DEATH (24 Hrs)

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| A. | Congestive Heart Failure | 1-2 week |
| DUE TO, OR AS A CONSEQUENCE OF: B. | Calcific Aortic Stenosis | years |
| DUE TO, OR AS A CONSEQUENCE OF: C. | | |
| DUE TO, OR AS A CONSEQUENCE OF: D | | |

Gary H. Martin, Skamania County Assessor
Date 9/16/99 Parcel #02 05 31 3 00300 00
02 05 31 3 00400 00

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
Acute Myocardial Infarction

52. AUTOPSY? (Yes / No)
No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
No

| 54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | 55. INJURY DATE (Mo, Day, Yr) | 56. HOUR OF INJURY (24 Hrs) | 57. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| | | | |

| 58. INJURY AT WORK? (Yes / No) | 59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) | 60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE |
|---|---|---|
| | | |

61. RECORD AMENDMENT (Registrar use only)
ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62. REGISTRAR SIGNATURE
Kevin R. Strengart, MD

63. DATE RECEIVED (Mo., Day, Yr.)
FEB 16 1999

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 9-150)
A

DOH 01-003 (5/98)