139659

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FILED FOR RECORD
SKAMANIA CO. WASH
BY CLARK COUNTY TITLE

Nov 14 4 26 PM '00
P Lowry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Clark County Title Company, Cascade
217 SE 136th Avenue
Suite 104
Vancouver, WA 98684
69387mlp
Please print or type information

Document Title(s) (or transactions contained therein):

1. **Death Certificate**
2.
3.
4.

Reference Number(s) of Documents:

Grantor(s) (Last name first, then first name and initials)

1. **Heirs and Devisees of DEBRA A. GILLETTE Deceased**
2.
3.
4.
5. ☐ Additional names on page of document.

Grantee(s) (Last name first, then first name and initials)

1. **TO THE PUBLIC**
2.
3.
4.
5. ☐ Additional names on page of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
~~**SEE ATTACHED EXHIBIT 'A' ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.**~~

☐ Additional legal on page of document.

Assessor's Property Tax Parcel/Account Number
2-7-30-0-0-0400-00

☐ Additional 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 provided herein.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

33
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

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146
STATE FILE NUMBER

Field	Entry
1. NAME (First, Middle, Last)	Debra Ann GILLETTE
2. SEX (M/F)	Female
3. DEATH DATE (Mo., Dy., Yr.)	September 3, 1999
4. AGE LAST BIRTHDAY (Yrs)	41
5. UNDER 1 YEAR (MOS / DAYS)	
6. UNDER 1 DAY (HOURS / MINS)	
7. BIRTHDATE (Mo., Day, Yr)	3/24/1958
8. BIRTHPLACE (City, State or Foreign Country)	Burlingame, CA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	No
10. COUNTY OF DEATH	Skamania
11. CITY, TOWN OR LOCATION OF DEATH	Washougal
12. PLACE OF DEATH (1 HOME 2 IN TRANSPORT 3 EMERG RM/OUT PTN 4 INPT HOSP 5 NUR HOME 6 OTHER PLACE)	1 X HOME; 181 Pohl Rd.
13. SMOKING IN LAST 15 YEARS? (Yes/No)	Yes
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	Divorced
15. SURVIVING SPOUSE (If wife, give maiden name)	------
16. SOCIAL SECURITY NO	[redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	College: 2
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	E.M.T.
19. KIND OF BUSINESS OR INDUSTRY	Emergency Services
20. Was Decedent of Hispanic origin or descent? (Yes/No)	No
21. RACE (Specify)	White
22. RESIDENCE—NUMBER AND STREET	181 Pohl Rd.
23. CITY/TOWN, OR LOCATION	Washougal
24. INSIDE CITY LIMITS? (Yes/No)	No
25A. COUNTY	Skamania
25B. LENGTH OF RES IN CO	11 Yrs
26. STATE	WA
27. ZIP CODE	98671
28. FATHER'S NAME—FIRST, MIDDLE, LAST	David Taylor
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME	Marilyn Songer
30. INFORMANT—NAME	Tim Evans
31. MAILING ADDRESS (Street or RFD No, City or Town, State, Zip)	20391 SW Erin Pl., Aloha, OR 97006
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial
33. DATE (Mo, Day, Yr)	9/8/1999
34. CEMETERY/CREMATORY—NAME	Washougal Memorial Cemetery
35. LOCATION—CITY/TOWN, STATE	Washougal, Washington
36. FUNERAL DIRECTOR SIGNATURE	X [signature]
37. NAME OF FACILITY	STRAUB'S FUNERAL HOME
38. ADDRESS OF FACILITY	325 NE 3rd Ave Camas, Washington 98607

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

Field	Entry
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
40. DATE SIGNED (Mo, Day, Yr)	
41. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

Field	Entry
43. 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 [signature] County Coroner
44. DATE SIGNED (Mo, Day, Yr)	September 9, 1999
45. HOUR OF DEATH (24 Hrs)	Undetermined
46. PRONOUNCED DEAD (Mo, Day, Yr)	September 3, 1999
47. HOUR PRONOUNCED DEAD (24 Hrs)	1120
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)	Bradley Andersen, Coroner P.O. BOX 790, Stevenson, WA 98648
49. ME/CORONER FILE NUMBER	99-122SK

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.

	Cause	Interval between onset and death
a	Methadone Intoxication	Undetermined
b	DUE TO, OR AS A CONSEQUENCE OF	
c	DUE TO, OR AS A CONSEQUENCE OF	
d	DUE TO, OR AS A CONSEQUENCE OF	

Field	Entry
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	
52. AUTOPSY? (Yes/No)	Yes
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)	Yes
54. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify)	Undetermined
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	X Karen Steingart, md
63. DATE RECEIVED (Mo, Day, Yr)	10/4/99

DOH 110-000 (Rev 7/91)