

142919

BOOK 216 PAGE 900

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SKAM  
BY SKAMANIA CO. TITLE

Nov 15 1 35 PM '01

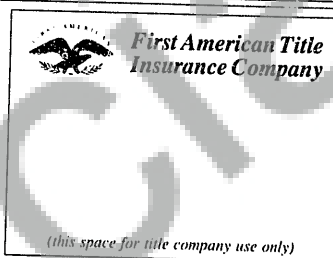
ADJUTOR  
GARY M. OLSON

**AFTER RECORDING MAIL TO:**

Name Shonna Taylor  
Address PO Box 655  
City/State Stevenson, WA 98648  
SCR 24385

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

1. DEATH CERTIFICATE
- 2.
- 3.
- 4.



Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document

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

1. Taylor, Gerald Ramon
- 2.
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Taylor, Shonna
- 2.
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

REAL ESTATE EXCISE TAX

21899

NOV 15 2001

PAID Exempt  
Shonna Taylor  
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)  
Lot 7, Columbia Heights, according to the official plat thereof, on file  
and of record at Page 136, Book A of Plats, in the County of Skamania  
State of Washington.

☐ Complete legal description is on page \_\_\_\_\_ of document

Assessor's Property Tax Parcel / Account Number(s):

03-08-29-4-1-0900-00

3-8-29-4-1-900

11-15-01

WA-1

NOTE: The auditor/recorder will rely on the information 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

25

LOCAL FILE NUMBER

## Washington State Department of Health CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last <b>Gerald Ramon TAYLOR</b>				2. SEX (M / F) <b>M</b>		3. DEATH DATE (Mo, Day, Yr) <b>July 18, 2000</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>62</b>		5. UNDER 1 YEAR YEARS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) <b>4/16/1938</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>McFarland, CA</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Carson</b>				12. PLACE OF DEATH—88 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>111 Allen St.</b>			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>				15. SURVIVING SPOUSE (If wife, give maiden name) <b>Shonna Sue Nielson</b>		16. SOCIAL SECURITY NO <b>564-50-0870</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Sheet Metal Worker</b>				19. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify) <b>No</b>	
22. RESIDENCE—NUMBER AND STREET <b>111 Allen St.</b>				23. CITY, TOWN OR LOCATION <b>Carson</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>No</b>	
25. COUNTY <b>Skamania</b>				26. LENGTH OF RES. IN CO <b>18 yrs</b>		27. ZIP CODE <b>WA 98610</b>	
28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Gerald R. Taylor</b>				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Lula E. Meyer</b>			
30. INFORMANT—NAME <b>Shonna Taylor</b>				31. MAILING ADDRESS <b>PO Box 555 Carson, WA 98610</b>			
32. DATE (Mo, Day, Yr) <b>7/20/2000</b>				33. CEMETERY/CREMATORY—NAME <b>Win-quatt Crematory</b>			
34. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				35. LOCATION—CITY/TOWN, STATE <b>The Dalles, OR</b>			
36. NAME OF FACILITY <b>Gardner Funeral Home</b>				37. ADDRESS OF FACILITY <b>POB 390 White Salmon, WA 98672</b>			
38. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 39. SIGNATURE AND TITLE <i>[Signature]</i> <b>Bradley Andersen, Coroner</b>				40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 41. SIGNATURE AND TITLE <i>[Signature]</i> <b>County Coroner</b>			
42. DATE SIGNED (Mo, Day, Yr) <b>July 21, 2000</b>				43. HOUR OF DEATH (24 Hrs) <b>0814</b>			
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Bradley Andersen, Coroner</b>				45. HOUR OF DEATH (24 Hrs) <b>0900</b>			
46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Bradley Andersen, Coroner POB 790 Stevenson, WA 98648</b>				47. MEASUREMENT FILE NUMBER <b>2000-148SK</b>			
48. 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.							
A. <b>PANCREATIC CANCER</b>							
B. <b>Months</b>							
C. <b>Interval between onset and death</b>							
D. <b>Interval between onset and death</b>							
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:							
52. AUTOPSY? (Yes/No) <b>No</b>							
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>Yes</b>							
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) <b>Natural</b>							
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 (Register use only) ITEM <b>7/24/00</b>							
62. REGISTRAR SIGNATURE <i>[Signature]</i>							
63. DATE RECEIVED (Mo, Day, Yr) <b>7/24/00</b>							

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST BE OBTAINED FROM THE CENTER.