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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Debra VanCamp
AUG 22 2 01 PM '05
Deputy
J. MICHELLE HANSON
AUDITOR

Return Address:
Debra VanCamp
PO Box 216
Carson WA 98610

Document Title(s) or transactions contained herein: Certificate of death (copy) REAL ESTATE EXCISE TAX N/A AUG 22 2005 PAID See Excise #23140 Vickie Cullard, Deputy SKAMANIA COUNTY TREASURER
GRANTOR(S) (Last name, first name, middle initial) Myrnie Etta Latimer [ ] Additional names on page ____ of document.
GRANTEE(S) (Last name, first name, middle initial) Van Camp Jeffrey and Debra [ ] Additional names on page ____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Lot 2-C Latimer Short Plat BK 3 Pg 81 SE ¼ of Section 17, Township 3 North, Range 8 E. [ ] Complete legal on page ____ of document.
REFERENCE NUMBER(S) of Documents assigned or released: 247-489 [ ] Additional numbers on page ____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03-08-17-0-904-00 [ ] Property Tax Parcel ID is not yet assigned [ ] Additional parcel numbers 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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

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31
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
Myrnie	Etta	LATIMER	F	June 30, 2002

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			2/17/1907	Blodgett, OR	No	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—MARK BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☒ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Carson	81 Dalen Street	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) Elementary/Secondary (0-12)	College (1-4 or 5+)
Widowed		542-10-6639	8	

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)
Lumber Stacker	Lumber Mill	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
81 Dalen St.	Carson	No	Skamania	2 mos	WA	98610

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Charles Harold Taylor	Catherine Ann Miller

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Catharine Zevely	PO Box 345	Goldendale,	WA	98620

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Burial	7/6/2002	Wind River Memorial Cemetery	Carson, Washington

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
[signature]	Gardner Funeral Home	POB 390 White Salmon, WA 98672

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 [signature]

40. DATE SIGNED (Mo., Day, Yr)
7/2/02

41. HOUR OF DEATH (24 Hrs.)
0945

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

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

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

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

45. HOUR OF DEATH (24 Hrs)

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

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Kimberly Stutzman, M.D. POB 1519 White Salmon, WA 98672

49. ME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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
IMMEDIATE CAUSE (Final disease or condition resulting in death):	A. Old Age	years
DUE TO, OR AS A CONSEQUENCE OF:	B.	
DUE TO, OR AS A CONSEQUENCE OF:	C.	
DUE TO, OR AS A CONSEQUENCE OF:	D.	

Gary H. Martin, Skamania County Assessor
Date 8-22-03 Parcel # 03 08 17 4 00900

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Dementia DM HTN Hypothyroidism Depression	No	Yes

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:
No			

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

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

62. REGISTRAR SIGNATURE
X [signature]

63. DATE RECEIVED (Mo., Day, Yr.)
July 08 2002