

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME <b>CHESTER D. LATIMER</b>		2 SEX (M / F) <b>MALE</b>		3 DEATH DATE (Mo Day Yr) <b>JUNE 10, 1993</b>	
4 AGE LAST BIRTH DAY (Yr) <b>94</b>	5 UNDER 1 YEAR AGE DAYS	6 UNDER 1 DAY HOURS MIN	7 BIRTHDATE (Mo Day Yr) <b>JULY 22, 1899</b>	8 BIRTHPLACE (City, State or Foreign Country) <b>DALE, OR</b>	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>NO</b>
11 CITY, TOWN OR LOCATION OF DEATH <b>WHITE SALMON</b>			12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> SNOW REMOVAL PTH 4 <input checked="" type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE <b>SKYLINE HOSPITAL</b>		13 SMOKING IN LAST 15 YEARS? (Yes / No) <b>NO</b>
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		15 SURVIVING SPOUSE (if wife, give maiden name) <b>MYRNE E. TAYLOR</b>		16 SOCIAL SECURITY NO <b>[REDACTED]</b>	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>SAWMILL LABORER</b>		19 KIND OF BUSINESS OR INDUSTRY <b>LUMBER</b>		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify <b>No</b>	
22 RESIDENCE—NUMBER AND STREET <b>DILLINGHAM EXT.</b>		23 CITY/TOWN OR LOCATION <b>WHITE SALMON</b>		24 RACE (Specify) <b>WHITE</b>	
25 FATHER'S NAME—FIRST, MIDDLE, LAST <b>GEORGE E. LATIMER</b>		26 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>ROSETTA - RICKS</b>		27 ZIP CODE <b>WASHINGTON 98610</b>	
30 INFORMANT—NAME <b>MYRNE LATIMER</b>		31 MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>POB 144 CARSON, WA 98610</b>			
32 BIRTH DATE (Mo Day Yr) <b>JUNE 16, 1993</b>		34 CEMETERY/CREMATORIUM—NAME <b>WIND RIVER CEMETERY</b>		36 LOCATION—CITY/TOWN, STATE <b>CARSON, WA</b>	
33 FUNERAL DIRECTOR'S SIGNATURE <i>K. T. [Signature]</i>		35 NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC.</b>		37 ADDRESS OF FACILITY <b>POB 390 WHITE SALMON WA 98672</b>	
38 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 <i>[Signature]</i> <b>X</b>			39 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 <i>[Signature]</i> <b>X</b>		
40 DATE SIGNED (Mo Day Yr) <b>6-14-93</b>		41 HOUR OF DEATH (24 Hrs) <b>[REDACTED]</b>		42 DATE SIGNED (Mo Day Yr) <b>[REDACTED]</b>	
43 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>[REDACTED]</b>		45 HOURS OF DEATH (24 Hrs) <b>[REDACTED]</b>		46 HOUR OF DEATH (24 Hrs) <b>[REDACTED]</b>	
44 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>[REDACTED]</b>		47 HOUR PROMOUNCED DEAD (24 Hrs) <b>[REDACTED]</b>		48 HOUR PROMOUNCED DEAD (24 Hrs) <b>[REDACTED]</b>	
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>[REDACTED]</b>		49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>[REDACTED]</b>		49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>[REDACTED]</b>	
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.					
IMMEDIATE CAUSE (First disease or condition resulting in death) <b>myocardial infarction</b>		A DUE TO, OR AS A CONSEQUENCE OF <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>[REDACTED]</b>	
DO NOT ENTER THE MODE OF DEATH, 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		B DUE TO, OR AS A CONSEQUENCE OF <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>[REDACTED]</b>	
		C DUE TO, OR AS A CONSEQUENCE OF <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>[REDACTED]</b>	
		D DUE TO, OR AS A CONSEQUENCE OF <b>[REDACTED]</b>		INTERVAL BETWEEN ONSET AND DEATH <b>[REDACTED]</b>	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT NEARLY AS IMMINENT AS THE IMMEDIATE CAUSE <b>Prostate Cancer</b>		52 AUTOPSY? (Yes / No) <b>NO</b>		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>NO</b>	
54 ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify) <b>[REDACTED]</b>		55 INJURY DATE (Mo Day Yr) <b>116732</b>		57 DESCRIBE HOW INJURY OCCURRED <b>BOOK B6 PAGE 698</b>	
56 HOUR OF INJURY (24 Hrs) <b>[REDACTED]</b>		58 INJURY AT WORK? (Yes / No) <b>[REDACTED]</b>			
59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, CITY, ETC. (Specify) <b>[REDACTED]</b>		60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE <b>[REDACTED]</b>			

61 RECORD AMENDMENT (Registrar use only) RECEIVED BY <b>REAL ESTATE EXCISE TAX</b> DATE <b>JUL 13 1993</b> PAID <b>Exempt</b> SEAL <i>[Signature]</i>		62 DATE RECEIVED (Mo Day Yr) <b>JUN 16 1993</b> REGISTERED <b>[REDACTED]</b> INDEXED, DIR <b>[REDACTED]</b> INDEXED <b>[REDACTED]</b> FILED <b>[REDACTED]</b> BCH:814003 (5/92)	
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KAREN R. STEINGART, M. D.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME <b>CHESTER D. LATIMER</b>				2 SEX (M / F) <b>MALE</b>		3 DEATH DATE (Mo Day Yr) <b>JUNE 10, 1993</b>	
4 AGE LAST BIRTH DAY (Yr) <b>94</b>		5 UNDER 1 YEAR <b>YES</b>		6 UNDER 1 DAY <b>YES</b>		7 BIRTH DATE (Mo Day Yr) <b>JULY 22, 1899</b>	
8 BIRTH PLACE <b>DATE, OR</b>				9 WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>(Yes / No)</b>		10 COUNTY OF DEATH <b>KLICKITAT</b>	
11 CITY, TOWN OR LOCATION OF DEATH <b>WHITE SALMON</b>				12 PLACE OF DEATH - <b>SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME</b> <b>SKYLINE HOSPITAL</b>			13 SMOKING IN LAST 15 YEARS? (Yes / No) <b>NO</b>
14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		15 SURVIVING SPOUSE (If wife, give maiden name) <b>MYRNIE E. TAYLOR</b>		16 SOCIAL SECURITY NO <b>536 09 3225</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>8</b>	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>SAWMILL LABORER</b>		19 KIND OF BUSINESS OR INDUSTRY <b>LUMBER</b>		20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21 RACE (Specify) <b>WHITE</b>	
22 RESIDENCE - NUMBER AND STREET <b>DILLINGHAM EXT.</b>		23 CITY/TOWN OR LOCATION <b>WHITE SALMON</b>		24 INSIDE CITY LOTTERY (Yes / No) <b>NO</b>		25A COUNTY <b>SKAMANIA</b>	
25B LENGTH OF RES IN CO <b>20 YRS</b>		26 STATE <b>WASHINGTON</b>		27 ZIP CODE <b>98610</b>			
28 FATHER'S NAME - FIRST, MIDDLE, LAST <b>GEORGE E. LATIMER</b>				29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME <b>ROSETTA - RICKS</b>			
30 INFORMANT - NAME <b>MYRNIE LATIMER</b>		31 MAILING ADDRESS - STREET OR RFD NO CITY OR TOWN STATE ZIP <b>POB 144 CARSON, WA 98610</b>					
32 BURIAL CREATION <b>BURIAL</b>		33 DATE (Mo Day Yr) <b>JUNE 10, 1993</b>		34 CEMETERY/CREMATORIUM - NAME <b>WIND RIVER CEMETERY</b>		35 LOCATION - CITY/TOWN, STATE <b>CARSON, WA</b>	
36 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37 NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC.</b>		38 ADDRESS OF FACILITY <b>POB 390 WHITE SALMON WA 98672</b>			
39 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 <i>[Signature]</i> <b>6-14-93</b>				40 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 <i>[Signature]</i> <b>Jul 13 2:23 PM '93</b>			
41 DATE SIGNED (Mo Day Yr) <b>6-14-93</b>		42 HOUR OF DEATH (24 Hrs) <b>2:23 PM</b>		43 DATE SIGNED (Mo Day Yr) <b>Jul 13 2:23 PM '93</b>		44 HOUR OF DEATH (24 Hrs) <b>2:23 PM</b>	
45 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Prostate Cancer</b>				46 PROCLAIMED DEAD (Mo Day Yr) <b>Jul 13 2:23 PM '93</b>		47 HOUR PROCLAIMED DEAD (24 Hrs) <b>2:23 PM</b>	
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Prostate Cancer</b>				49 MEDICORNER FILE NUMBER			
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. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		A <b>Myocardial infarction</b> DUE TO, OR AS A CONSEQUENCE OF: B <b>Indirect</b> C <b>Indirect</b> D <b>Indirect</b>				INTERVAL BETWEEN ONSET AND DEATH <b>FILED FOR RECORD SKAMANIA CO WASH BY Debi VanCamp</b>	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECORDED IN IMMEDIATE CAUSE (Type or Print) <b>Prostate Cancer</b>		52 AUTOPSY? (Yes / No) <b>NO</b>				53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>NO</b>	
54 ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) <b>116732</b>		55 INJURY DATE (Mo Day Yr) <b>116732</b>		56 HOUR OF INJURY (24 Hrs) <b>BOOK B6 PAGE 698</b>		57 DESCRIBE HOW INJURY OCCURRED <b>BOOK B6 PAGE 698</b>	
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)		62 DATE RECEIVED (Mo Day Yr) <b>JUN 16 1993</b>	
63 REAL ESTATE EXCISE TAX <b>JUL 13 1993</b>		64 REGISTERED <b>INDEXED, LIT</b>	
65 PAID <b>Exempt</b>		66 INDEXED <b>Indirect</b>	
67 SEAL <i>[Signature]</i>		68 FILMED <b>Filmed</b>	
69 THE STATE OF WASHINGTON <b>KAREN R. STEINGART, M. D.</b>		70	

**CERTIFIED**

JUN 16 1993

*Karen Steingart*  
Dr. Karen Steingart  
Health District Officer  
SW. Wash. Health Dist.

AA250816

AFFIDAVIT IN SUPPORT  
OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )  
County of Skamania ) ss.

BOOK 136 PAGE 699

MYRNIE E. LATIMER, being first duly sworn on oath, deposes and says:

1. I am the surviving spouse of CHESTER D. LATIMER who died on June 19, 1993, in White Salmon, Klickitat County, State of Washington, being at the time of his death, a resident of Skamania County, State of Washington. The decedent and I provided for the disposition of all of our community property under that certain Community Property Agreement (the "Agreement"), dated July 19, 1977, and recorded on July 20, 1977, in the Office of the Skamania County Auditor in Book 73, pages 52-53, records of said County, under Auditor's File No. 84460.

2. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with any of the real and/or personal property of the decedent and his surviving spouse.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreements which would have the effect of abrogating or nullifying the Agreement.

4. Under the terms of the Community Property Agreement, title to all real and personal property of the community vests immediately in the survivor upon the death of either party to the Agreement. The decedent left no separate property. Among other items of community property is the following described real estate situated in the County of Skamania, State of Washington, to-wit:

LOT 2 of the C. LATIMER SHORT PLAT, recorded 8/85 in Book 3, Page 81, records of Skamania County Auditor.

5. All obligations of the community composed of the decedent and the affiant owing at the date of the decedent's death have been paid in full or otherwise provided for, and the expenses of last illness and for funeral and burial services of the decedent have been paid or likewise provided for.

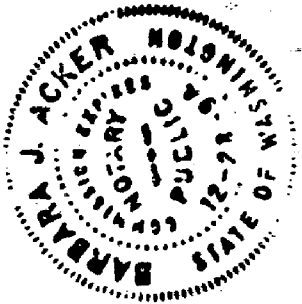
6. There were no estate taxes due as a result of demise.

7. The decedent is survived by the following named children: his son, WESTLY LATIMER, his daughter, BETTY MANARD, and the following step-children: BILL BUSH, CATHERINE ZEVELY, FLORENE WILSON, and BELVA GATTIS, all of whom are of legal age.

Dated at Stevenson, Washington, this 12 day of July, 1993.

Myrnie E. Latimer  
MYRNIE E. LATIMER

SUBSCRIBED AND SWORN to before me this 12 day of July, 1993.



Barbara J. Ackers  
Notary Public in and for the State of Washington, residing at Stevenson  
My commission expires 12/28/94

Glenn J. Kimmel, Skamania County Auditor  
By: [Signature] Parcel # 03081740090401  
2-13-93