STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1730 LOCAL FILE NUMBER **117526** **CERTIFICATE OF DEATH** BOOK 138 PAGE 427

1. NAME—FIRST, MIDDLE, LAST: Leo Joseph HRIGORA	2. SEX: Male	3. DEATH DATE (Mo., Day, Yr.): Nov. 10, 1990	146 STATE FILE NUMBER			
4. AGE LAST BIRTHDAY (Yrs): 68	5. UNDER 1 YEAR: MOS. DAYS	6. UNDER 1 DAY: HOURS MINS.	7. BIRTHDATE (Mo., Day, Yr.): June 10, 1922	8. BIRTH STATE (If not in USA give country): Michigan	9. CITIZEN OF WHAT COUNTRY?: USA	10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Stevenson	12. PLACE OF DEATH — Box for place then give address or institution name: 1 ☐ HOME 2 ☐ EN TRANSPORT 3 ☐ EMERG. ROOM/ DTH 4 ☐ HOSP 5 ☐ NUR. HOME 6 ☐ OTHER PLACE: MP 0.06R Berge Rd.				13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes	
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced: Married	15. SURVIVING SPOUSE (If wife, give maiden name): Rose Marie (Wilczynski)	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): Yes	17. SOCIAL SECURITY NO.: [redacted]		18. HIGH SCHOOL GRADUATE? (Yes/No): yes	
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT use "Retired"): Office Director	20. KIND OF BUSINESS OR INDUSTRY: Veterans Trust Fund	21. Was Decedent of Hispanic Origin or descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.): No			22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify): White	
23. RESIDENCE — NUMBER AND STREET: 8703 Rucker Road	24. CITY/TOWN, OR LOCATION: Grosse Ile	25. INSIDE CITY LIMITS? (Yes/No): no	26. COUNTY: Wayne	27. STATE: Michigan	28. ZIP CODE: 48138	
29. FATHER'S NAME—FIRST, MIDDLE, LAST: Frank Hrigora		30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Helen Uchwat				
31. INFORMANT—NAME: Rose Marie Hrigora	32. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): MP 0.06R Berge Rd. Stevenson, WA 98648					
33. METHOD OF DISPOSITION (Burial, Cremation, Removal, Other (Specify)): Burial	34. DATE (Mo., Day, Yr.): 11-13-90	35. CEMETERY/CREMATORY—NAME: Willamette National Cemetery	36. LOCATION—CITY/TOWN, STATE: Portland, Oregon			
37. FUNERAL DIRECTOR (SIGNATURE): X [signature]	38. NAME OF FACILITY: Anderson Funeral Home	39. ADDRESS OF FACILITY: Hood River, OR 97031				

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: X [signature]

42. DATE SIGNED (Mo., Day, Yr.): Nov. 12, 1990 — 43. HOUR OF DEATH (24 Hrs): 12:15 A.M.

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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: X

45. DATE SIGNED (Mo., Day, Yr.):

46. HOUR OF DEATH (24 Hrs):

47. PRONOUNCED DEAD (Mo., Day, Yr.):

48. HOUR PRONOUNCED DEAD (24 Hrs):

49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Paul Hamada, M.D. 1784 May St. Hood River, OR 97031

50. PART I. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CONGESTIVE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH: 2 YEARS
DUE TO, OR AS A CONSEQUENCE OF: b. DILATED CARDIOMYOPATHY		INTERVAL BETWEEN ONSET AND DEATH: 25 YEARS
DUE TO, OR AS A CONSEQUENCE OF: c.		INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: CHRONIC RENAL FAILURE

52. AUTOPSY (Yes/No): No

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

54. ACC., SUICIDE, HO., 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. REGISTRAR (SIGNATURE): X [signature] Karen Steingart, MD

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SKAMANIA CO. WASH
BY SKAMANIA CO. WASH

62. DATE RECEIVED (Mo., Day, Yr.): Nov 14, 1990

DOH 9-150 (Rev. 1-89) -1187-

FOR VETERANS USE ONLY
NOV 14 1990

SEAL

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REAL ESTATE EXCISE TAX
SEP 29 1993
PAID Exempt
By Deputy
SKAMANIA COUNTY TREASURER

SEP 29 3 10 PM '93
G. Lowry
AUDITOR
GARY M. OLSON
SOUTHWEST WASHINGTON HEALTH DISTRICT
Karen Steingart, MD
Karen R. Steingart, M.D.
District Health Officer

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DOH 01-003 (7-89)

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RECORDER'S NOTE: NOT AN ORIGINAL DOCUMENT

[illegible] SURVIVORSHIP AGREEMENT [illegible]

[illegible] and [illegible] made the 7th [illegible]

December 1987 [illegible]

[illegible] Rose Marie Hrigora [illegible]

[illegible] laws of the State of Michigan [illegible] provided, for the purpose of [illegible] jointly owned by the parties [illegible]

[illegible] the premises of [illegible] of the love and affection [illegible] hereby mutually agreed

[illegible] them, but not prior [illegible] real, personal and mixed, of whatsoever kind [illegible] and whether originally acquired [illegible] community property, and all property hereafter [illegible] the parties from any source whatsoever, shall [illegible] property of the survivor of them.

[illegible] the parties hereto have hereunto set their [illegible] this 7th day of December 1987

Leo J Hrigora
Leo J. Hrigora

Rose Marie Hrigora
Rose Marie Hrigora

Subscribed and sworn to before me this 7th day of December 1987 a Notary Public in and for Wayne County, Michigan.

Patricia [illegible]
NOTARY PUBLIC
My Commission expires 09-11-1988

Glenda J. Kimmel Charlevoix County Assessor
By: [signature] Parcel # 38-274-1200

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

RECORDER'S NOTE: PORTIONS OF THIS DOCUMENT POOR QUALITY FOR FILMING

[illegible]

7 th [illegible] December 1987 [illegible] personally

[illegible] and [illegible]

[illegible] acknowledged [illegible] voluntary act [illegible]

[illegible] December 7 th 1987

Patricia E. Giesendorfer

[illegible] expires [illegible] 07-11-88