STATE OF WASHINGTON
DEPARTMENT OF HEALTH

DOH Health

M-1

3

1162
LOCAL FILE NUMBER

118874 CERTIFICATE OF DEATH

BOOK 146 PAGE 794

STATE FILE NUMBER

1. NAME (First, Middle, Last): Lawrence Ervin MALICKI
2. SEX (M/F): M
3. DATE OF DEATH (Mo, Day, Yr): Oct. 7, 1992
4. AGE-LAST BIRTHDAY (Yrs): 63
5. UNDER 1 YEAR (Mos, Days):
6. UNDER 1 DAY (Hours, Mins):
7. BIRTHDATE (Mo, Day, Yr): Aug 21, 1929
8. BIRTHPLACE (City, State or Foreign Country): Michigan City, IN
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): Yes
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH: Southwest Washington Medical Center
13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Wanita L. Hansen
16. SOCIAL SECURITY NO.: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 10 College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Woodcarver
19. KIND OF BUSINESS OR INDUSTRY: Door Manufacturing
20. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Yes/No) Specify: No
21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 12111 N.E. 111th Ave.
23. CITY/TOWN OR LOCATION: Vancouver
24. INSIDE CITY LIMITS? (Yes/No): No
25A. COUNTY: Clark
25B. LENGTH OF RES. IN CO.: 30yrs.
26. STATE: WA
27. ZIP CODE: 98662
28. FATHER'S NAME — FIRST, MIDDLE, LAST: Victor Malicki
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Eleanor Dick
30. INFORMANT — NAME: Wanita L. Malicki(wife)
31. MAILING ADDRESS — STREET OR RFD NO.: 12111 N.E. 111th Ave., CITY OR TOWN: Vancouver, STATE: WA ZIP: 98662
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo, Day, Yr): 10-13-92
34. CEMETERY/CREMATORY — NAME: Willamette National Cemetery
35. LOCATION — CITY/TOWN, STATE: Portland, OR
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: Vancouver Funeral Chapel
38. ADDRESS OF FACILITY: 110 E. 12th St. Vancouver, WA

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
40. DATE SIGNED (Mo, Day, Yr):
41. HOUR OF DEATH (24 Hrs): 2002
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 [signature]
44. DATE SIGNED (Mo, Day, Yr): October 9, 1992
45. HOUR OF DEATH (24 Hrs): 2002
46. PRONOUNCED DEAD (Mo, Day, Yr): October 7, 1992
47. HOUR PRONOUNCED DEAD (24 Hrs): 2002
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Archie Y. Hamilton, MD (coroner) P.O. Box 5000, Vancouver, WA 98668
49. ME/CORONER 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.
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.	Myocardial infarct and CVA	
DUE TO, OR AS A CONSEQUENCE OF: b.	Generalized Arteriosclerosis	
DUE TO, OR AS A CONSEQUENCE OF: c.		
DUE TO, OR AS A CONSEQUENCE OF: d.		

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
MAR 9 3 24 PM '94
P. Johnson
AUDITOR
GARY H. OLSON

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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):
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 / Registered / DATE
62. DATE RECEIVED (Mo, Day, Yr): OCT 9 1992

16460
REAL ESTATE EXCISE TAX
MAR 09 1994
PAID Exempt
SKAMANIA COUNTY TREASURER

Indexed, Dir
Indirect
Filmed

THE STATE OF WASHINGTON 1889

Parcel # / By: 3-9-94

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 01-003 (5/92)

BOOK 141 PAGE 195

SUPERIOR COURT OF WASHINGTON FOR CLARK COUNTY

Estate of:

LAWRENCE E. MALICKI

Deceased.

Probate No. 92-4-00572-8

ORDER CONFIRMING
NONINTERVENTION POWERS
TO EXECUTOR
(CLERK'S ACTION REQUIRED)
(RCW 11.68.010)

I. HEARING

1.1 **DATE.** A hearing was held on the date of this Order.

1.2 **PURPOSE.** The purpose of the hearing was to establish the estate's eligibility for nonintervention powers.

1.3 **APPEARANCES.** The Petitioner, Wanita Malicki, personally in Court with WOODROW W. POLLOCK, JR., the attorney for Petitioner and the estate.

1.4 **PROOF.** The Court considered the files and the verified Petition. Testimony in support of the Petition was given by Wanita Malicki.

II. FINDINGS

On the basis of proof of that proof described in paragraph 1.4, the Court finds:

2.1 **EXECUTOR.** The Will names Petitioner as the Executor. The Executor is other than a creditor of the decedent.

2.2 **SOLVENCY.** The assets of the estate will exceed the expenses, taxes, debts, and claims of creditors.

III. ORDER CONFIRMING NONINTERVENTION POWERS

On the basis of the Findings, it is ORDERED:

3.1 **SOLVENCY.** The estate is solvent.

FILED
DEC 4 1992
JoAnne [illegible], Clerk, Clark Co.

016460
REAL ESTATE EXCISE TAX
MAR 09 1994
PAID
CLARK COUNTY TREASURER

Glenda J. Kimmel, Skamania County Assessor
By [illegible] Parcel #04 00 90/000
3-9-94

453
130

LAWYERS NORTHWEST, P.C.
11701 N.E. 95th Street, Suite
Vancouver, Washington 98662
(206) 256-7801

3.2 **NONINTERVENTION POWERS.** Upon filing an oath, the Petitioner as Executor may administer and close the estate without further intervention of the Court.

3.3 **TRANSFERS.** Upon qualifying, the Petitioner as Executor is authorized to transfer all property of the estate without further order of the Court.

Dated: December 4, 1992

JUDGE OF THE SUPERIOR COURT

Presented by:

LAWYERS NORTHWEST, P.C.

WOODROW W. POLLOCK, JR., WSB# 17716
Attorney for the Estate
11701 N.E. 95th Street, Suite E
Vancouver, Washington 98682
(206) 256-7801

STATE OF WASHINGTON)
COUNTY OF CLARK) ss

I, JoAnne McBride, County Clerk and Clerk of the Superior Court of Clark County, Washington, DO HEREBY CERTIFY that this document, consisting of 2 page(s), is a full, true and correct copy of the original now on file and of record in my office and, as County Clerk, I am the legal custodian thereof.

Signed and sealed at Vancouver, Washington this date: 3/4/94

JoAnne McBride, County Clerk

By Deputy

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