

FILE FOR RECORD
STATE OF WASH
Anita Gahimer

Jan 13 9 10 AM '91

P. Lowry
AUDITOR
GARY M. OLSON

**DECLARATION RESPECTING HEIRSHIP
OF**

ICEL J. BENSON and WILLIAM V. BENSON

119683

BOOK 143 PAGE 721

STATE OF WASHINGTON)

ss.

COUNTY OF BENTON)

Identity of affiant: Anita Gahimer, having been first duly sworn on oath, do hereby depose and say:

I am of the age of majority; in all ways competent to give testimony in any court; and I set forth the following facts of my own personal knowledge.

My address is: 1424 Goethals Dr. Richland, Wa. 99352. My home telephone number is 509-943-0855 and while I am at work my number is 509-376-4808

I am one of the children of decedent Icel Benson named in her last will and testament and am the person named in the codicil to serve as her personal representative without bond and without intervention of court.

Identity of Decedents: Icel J. Benson who, at the time of her death was a resident of Skamania County, State of Washington, died at her home at Cooks, Washington, in April of 1994 leaving property situate in said county and state.

Prior to the death of Icel J. Benson she was married to William V. Benson.

William v. Benson died at Cook, Washington July 9th, 1992 being at the time of his death the husband of Icel J. Benson.

Marital Status of Decedents: Decedent was a widow and unmarried at the time of her death her husband William V. Benson having preceded her in death. At the time of the death of William V. Benson these decedents were married and living together in harmony as residents of this county and state. A true and correct copy of the death certificates of both decedents are attached hereto.

Registered	<input checked="" type="checkbox"/>
Indexed, Dir	<input checked="" type="checkbox"/>
Indirect	<input checked="" type="checkbox"/>
Filed	<input checked="" type="checkbox"/>
Mailed	<input type="checkbox"/>

Affidavit of heirship page 1

Glenda J. Kimmel, Skamania County Assessor
By: *JK* Parcel # 3-9-4100

Descendants: Decedent Icel J. Benson had born to her only five children who are Anita Gahimer, Virginia Hansel, Ernest Gahimer, Jean Johanson and Frank Gahimer. No other children were ever born to her nor had she ever adopted any children.

William V. Benson had never had children born to him and had never adopted any children. His parents had predeceased him in death.

Testacy: Decedent Icel J. Benson duly executed an instrument in writing on the 29th day of August, 1991 entitled "Last Will and Testament" which was her last will and testament, and also a codicil thereto July 8th, 1993 all in due and regular form as more fully set forth in the true and correct copies thereof attached hereto the originals of which are recorded in the office of the Clerk of the Superior Court of Skamania County, Washington..

Decedent William V. Benson died intestate and without leaving any estate whatsoever except his interest in marital community with decedent Icel J. Benson.

Community Property Agreement: Decedents died without leaving any community property agreement.

Real Property: At the time of their death Decedents owned an interest in real property situated in Skamania County, State of Washington, all as more particularly described on the attached schedule. While the real property was the separate property of Icel J. Benson at the time of the death of William V. Benson, any community interest or lien therein passed to her upon his death pursuant to the statutes of descent and distribution of this state.

Heirship: Pursuant to the Last Will and Testament of decedent Icel J. Benson and at the time of her death all of her property was bequeathed and passed to her above named five children, ashare and share alike, all of whom are now living.

Creditors: Following the death of decedent Icel J. Benson affiant has made diligent search and inquiry to discover the identity of any and all

creditors of both decedents. In consequence of such search affiant hereby declares that all debts of the both decedents have been fully paid or provided for.

Statutory Liens: All expenses of both Decedent's last illnesses and burials have been paid or provided for.

State and Federal Taxes: The value of Decedents' interests in all property in which they had any interest at the time of their death did not exceed \$500,000.00 and no State or Federal Taxes were due nor were any such returns required to be filed as a result of their death.

Covenant: Affiant makes this declaration in order to induce any and all persons, agencies, authorities and entities, including but not limited to those engaged in the issuance of title insurance contracts, to rely hereon without qualification or condition and covenants to warrant and defend the facts as herein set forth upon demand by any such entity.

Attachments: I hereby attach and incorporate herein the following instruments which I declare to be true and correct copies of the originals in each case:

Death certificate of Icel J. Benson;
Death certificate of William V. Benson;
Last will and Testament of Icel J. Benson;
Codicil to Last Will and Testament of Icel J. Benson;
Schedule of Real Property.

IN WITNESS WHEREOF affiant has set her hand this 8th day of June 1994.

Anita Gahimer
Affiant Anita Gahimer

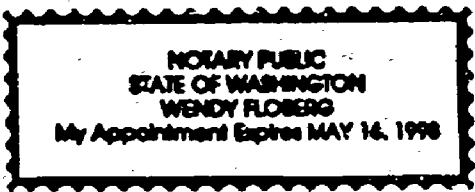
STATE OF WASHINGTON)

ss.

COUNTY OF BENTON)

This is to certify that on this day personally appeared before me Anita Gahmer, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 8th day of June 1994.



Wendy Floberg

Notary Public in and for the State of Washington, residing at ~~Richland~~ *Kennewick*

UNOFFICIAL COPY

LAST WILL AND TESTAMENT

of

ICEL J. BENSON

I, ICEL J. BENSON a resident of Cook, Skamania County, State of Washington, declare the following provisions to be my last will and testament.

ARTICLE I
Revocation of Prior Wills

I hereby revoke all wills and codicils previously made by me.

ARTICLE II
Identification of Family

I hereby declare that I am married and that my immediate family now consists of my husband, WILLIAM V. BENSON, my daughter, ANITA JEFFS, my daughter, VIRGINIA HANSEL, my son, ERNEST GAHIMER, my daughter, JEAN JOHANSON, and my son, FRANK GAHIMER. Except as provided hereinbelow, I make no provisions in this will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

ARTICLE III
Payment of Debts

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral be paid by my personal representative hereinafter named, as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

ARTICLE IV
Disposition of Property

4.1 Gift by Separate List. I may now have, or in the future may prepare a list of tangible personal property, designating the recipient of each item listed thereon. It is my intent that such writing qualify as a testamentary disposition of these items in accordance with RCW 11.12.260 as now in effect or as amended in the future.

4.2 Specific Devises and Bequests.

(A) I hereby give, devise and bequeath to my husband, WILLIAM V. BENSON, a life estate in any real property which is owned by me as my separate property at the time of my death. The remainder of said property, after my husband's death,

JB
Testatrix

I give, devise and bequeath to my children who survive me in equal shares, per stirpes.

(B) I give, devise and bequeath to my husband, WILLIAM V. BENSON, all of my interest in any community property, both real or personal, wheresoever situated, not otherwise disposed of herein, and owned by me at the time of my death.

(C) If my husband fails to survive me, or we should die simultaneously, then and in that event, I give, devise and bequeath all of my property, both real and personal, wheresoever situated, and not otherwise disposed of herein, to my then surviving children, in equal shares, per stirpes.

ARTICLE V

Appointment of Personal Representative

5.1 Appointment. I hereby nominate and appoint my husband, WILLIAM V. BENSON, as personal representative of this my last Will, to act as such without furnishing bond in any jurisdiction, and I hereby declare this to be a nonintervention will.

5.2 Powers. My personal representative shall have full power to deal in any lawful way with the property of my estate without notice, approval or confirmation of any kind, at the time, for the consideration, and on the terms and conditions as my personal representative shall deem advisable, whether or not the exercise of the power is necessary for the purpose of paying debts of the estate, costs of administration, or making distribution of the estate. This power shall include, by way of illustration and not of limitation, the power to sell, convey, mortgage and encumber any assets of my estate, to advance funds and borrow money, to select any part of my estate in satisfaction of any distribution under this Will, and to distribute my estate in kind, in money, or both.

5.3 Contingent Personal Representative. If for any reason my husband is unable or unwilling to act as personal representative hereunder, then and in that event I nominate and appoint my son, FRANK GAIMER, as such personal representative, with similar powers and duties.

ARTICLE VI

Taxes

I direct that all estate, inheritance and succession taxes, if any, assessed by reason of my death, whether attributable to property passing under this will or outside of it, shall be paid out of the residue of my estate disposed of by this will without apportionment, deduction or reimbursement therefor, and without adjustment thereof among the residuary beneficiaries.

ARTICLE VII

Validity

A. If a court of competent jurisdiction rules invalid or unenforceable any of the provisions hereof, each such provision shall be disregarded, but the remainder of this instrument shall be given full force and effect. All questions pertaining to the

validity, interpretation, construction and administration of this instrument shall be determined in accordance with the laws of the State of Washington.

B. Should any person mentioned in this will, or any person not mentioned in this will, endeavor by legal process or otherwise to change or alter the terms or conditions of this will, I hereby direct that in such event, such person or persons be each paid the sum of One Dollar (\$1.00) in full settlement of their claims to my estate.

ARTICLE VIII
Witness Affidavits

I request that the attesting witnesses to my will make an affidavit before a Notary Public stating such facts as they would be required to testify to a court to prove such will.

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this my last will and testament on this 29 day of August, 1944.

Joel J. Benson
Testatrix

Sharon B. Benson
Subscribing Witness

Residing at Wapato, WA

Frank E. Hansen
Subscribing Witness

Residing at Vancouver, WA

STATE OF WASHINGTON)
County of Skamania) ss. AFFIDAVIT OF SUBSCRIBING WITNESSES

The undersigned, of lawful age and competent to be a witness hereof, being duly sworn, each of himself/herself, testifies as follows:

The foregoing document, consisting of four (4) pages, this being the third page, was executed in our presence by the Testatrix on the date it bears.

The Testatrix declared the document to be her Last Will and Testament and requested us to sign the same as witnesses. At the request of and in the presence of the Testatrix and in the presence of the Notary Public and each other, the other witness and I subscribed our names as witnesses hereto.

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At the time of executing the document the Testatrix and both witnesses were of the age of majority and the Testatrix appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence, or misrepresentation.

Sharon [Signature]
Subscribing Witness

[Signature]
Subscribing Witness

1994.

SUBSCRIBED AND SWORN to before me this 29 day of August,

Rosebud M. Davis
Notary Public in and for the State of
Washington, residing at Stevenson
My Commission Expires 6-2-92

UNOFFICIAL COPY

[Signature] - Page Four of Four Pages
Testatrix

FIRST CODICIL
TO LAST WILL AND TESTAMENT
OF
ICEL J. BENSON

I, ICEL J. BENSON, a resident of Willard, Skamania County, State of Washington, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whatsoever, do make, declare and publish this a first codicil to my Last Will and Testament executed on the 21st day of August, 1991, with the full intent and purpose of amending said will as set out hereinbelow and revoking any provisions of any article inconsistent with this codicil.

ARTICLE V, "Appointment of Personal Representative", Paragraph 5.1 Appointment, is hereby modified to read as follows:

"I hereby nominate and appoint my daughter, ANITA R. GAHMER, as personal representative of this my last will, to act as such without furnishing bond in any jurisdiction and, I hereby declare this to be a nonintervention will."

IN WITNESS WHEREOF, I have hereunto set my hand on this 8th day of July, 1993, hereby ratifying and confirming all of the provisions of my said Last Will and Testament, except as modified by this First Codicil.

Icel J. Benson
Testatrix

STATE OF WASHINGTON)
County of Skamania) ss. AFFIDAVIT OF SUBSCRIBING WITNESSES

The undersigned, each competent to testify and being first duly sworn on oath, depose and say:

The foregoing instrument, to which this affidavit is attached, consisting of two (2) pages, of which this is the first, dated

the 8th day of July 1993, and which purports to be a First Codicil to the last Will and Testament of ICEL J. BENSON, was signed and executed by her at Stevenson, Washington, in the presence of myself and the other witness.

The Testatrix thereupon published the instrument as and declared it to be a First Codicil to said Last Will and Testament and requested us to sign the same as witnesses and to execute this affidavit in proof thereof. In the presence of the Testatrix and at her request and direction, and in the presence of each other, the other witness and I subscribed our names as witnesses thereto.

At the time of executing this First Codicil to said Last Will and Testament, the Testatrix, the other witness and I were each of legal age, we were competent to act as witnesses, and the Testatrix appeared to be of sound and disposing mind and was not acting under duress, menace, fraud, undue influence or misrepresentation.

[Signature]
Residing at Stevenson, WA
Rosalind M. Davis
Residing at Stevenson, WA

SUBSCRIBED AND SWORN to before me this 8th day of July 1993.

[Signature]
Notary Public in and for the State of
Washington, residing at Stevenson
My commission expires 8-17-95

UNOFFICIAL COPY

[Signature]
Testatrix - Page Two of Two Pages

Real Property owned by Icel Benson's

locate at s MP 0.01 Fouts Road
Cook Washington
Skamania County

BOOK 143 PAGE 731

THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER, AND THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 23, TOWNSHIP 3 NORTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN,

EXCEPT A TRACT OF LAND 2 ACRES, MORE OR LESS IN AREA GRANTED TO SKAMANIA COUNTY BY DEED DATED NOVEMBER 28, 1951, AND RECORDED NOVEMBER 28, 1951, AT PAGE 98 OF BOOK 34 OF DEEDS, RECORDS OF SKAMANIA COUNTY, WASHINGTON;

ALSO EXCEPTING A TRACT OF LAND 7.14 ACRES MORE OR LESS, IN AREA GRANTED TO SKAMANIA COUNTY BY DEED DATED FEBRUARY 14, 1967, AND RECORDED MARCH 2, 1967, AT PAGE 56 OF BOOK 57 OF DEEDS, RECORDS OF SKAMANIA COUNTY, WASHINGTON;

AND EXCEPTING THAT PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER AND THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 23, TOWNSHIP 3 NORTH RANGE 9 EMM MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF THE SOUTHWEST QUARTER OF SAID SECTION 23; THENCE WEST 660 FEET; THENCE NORTH 660 FEET; THENCE EAST TO THE WEST BOUNDARY OF A TRACT OF LAND DEEDED TO SKAMANIA COUNTY DATED NOVEMBER 28, 1951 AND RECORDED NOVEMBER 28, 1951 AT PAGE 98 OF BOOK 34 OF DEEDS, RECORDS OF SKAMANIA COUNTY WASHINGTON THENCE SOUTH ALONG THE WEST BOUNDARY OF ABOVE MENTIONED COUNTY PROPERTY TO THE POINT OF BEGINNING.

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

10 LOCAL FILE NUMBER

1. NAME WILLIAM VALENTINE BENSON			2. SEX Male		3. DEATH DATE (Mo., Day, Yr.) June 9, 1992		
4. AGE LAST BIRTH DAY (Yr.) 66		5. BIRTH DATE (Mo., Day, Yr.) Jul. 25, 1925		6. BIRTH PLACE (City, State or Foreign Country) Longview, WA		7. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes	
8. CITY, TOWN OR LOCATION OF DEATH Cook			9. PLACE OF DEATH (SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 0.01 Fouts Rd.			10. COUNTY OF DEATH Skamania	
11. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If wife give maiden name) Icel J. Seymour		13. SOCIAL SECURITY NO. 538-12-1173		14. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5-)	
15. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Long Haul Truck Driver		16. KIND OF BUSINESS OR INDUSTRY Trucking		17. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) no		18. RACE (Specify) White	
19. RESIDENCE—NUMBER AND STREET 0.01 Fouts Rd.		20. CITY/TOWN OR LOCATION Cook		21. ZIP CODE 98605		22. STATE 24 yrs. Wash.	
23. FATHER'S NAME—FIRST, MIDDLE, LAST William V. Benson			24. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Sarah Caroline Poe				
25. DECEASED—NAME Icel Benson - Wife			26. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE 0.01 Fouts Rd., Cook, Washington 98605				
27. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		28. DATE (Mo., Day, Yr.) 6/13/1992		29. CEMETERY, CREMATORY—NAME Mt. Pleasant Grange Cemetery		30. LOCATION—CITY/TOWN, STATE Washougal, Washington	
31. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			32. NAME OF FACILITY Straub's Funeral Home		33. ADDRESS OF FACILITY 325 N. E. 3rd Ave, Camas, WA-98607		
34. 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>				35. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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>			
36. DATE SIGNED (Mo., Day, Yr.) 6/10/92		37. HOUR OF DEATH (24 Hrs.) 1100		38. DATE SIGNED (Mo., Day, Yr.)		39. HOUR OF DEATH (24 Hrs.)	
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Arthur G. Glass MD, 3844 McLean Circle Dr. Pullman, OR 97437				41. PRONOUNCED DEAD (Mo., Day, Yr.)		42. HOUR PRONOUNCED DEAD (24 Hrs.)	
43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Arthur G. Glass MD, 3844 McLean Circle Dr. Pullman, OR 97437						44. MEDICORNER FILE NUMBER	
45. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH						46. INTERVAL BETWEEN ONSET AND DEATH 1 yr	
47. 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. <i>Rehabilitation Center of the Employer</i> DUE TO OR AS A CONSEQUENCE OF				48. INTERVAL BETWEEN ONSET AND DEATH	
		B. DUE TO OR AS A CONSEQUENCE OF				49. INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO OR AS A CONSEQUENCE OF				50. INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO OR AS A CONSEQUENCE OF				51. INTERVAL BETWEEN ONSET AND DEATH	
49. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATING IN THE UNDERLYING CAUSE GIVEN ABOVE						52. AUTOPSY (Yes/No) No	
53. ADD BLADE, HORN, UNDET. OR PENETRATING INSTR. (Specify)		54. INJURY DATE (Mo., Day, Yr.)		55. HOUR OF INJURY (24 Hrs.)		56. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No	
57. INJURY AT WORK? (Yes/No) NO		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG ETC. (Specify)		59. DESCRIBE HOW INJURY OCCURRED			
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		61. RECORDS AND/OR CERT. (Specify or use only) ITEM		62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr.) June 12, 1992	

FOR INSTRUCTIONS SEE BACK AND HANGEROON

DOH 110-005 (Rev. 7-81) Replaces DSH 9-1987

DOH 61-003 (7/81)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



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18 LOCAL FILE NUMBER

STATE FILE NUMBER

CERTIFICATE OF DEATH

1 NAME First Middle Last ICEL JUNE BENSON			2 SEX (M / F) Female		3 DEATH DATE (Mo, Day, Yr) April 28, 1994		
4 AGE LAST BIRTH DAY (Yrs)		5 UNDER 1 YEAR Wks Days		6 UNDER 1 DAY Hours Mins		7 BIRTH DATE (Mo, Day, Yr) Aug. 19, 1931	
8 BIRTH PLACE (City, State or Foreign Country) Medford, Oregon			9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10 COUNTY OF DEATH Skamania		
11 CITY, TOWN OR LOCATION OF DEATH Cook			12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 () HOME 2 () IN TRANSPORT 3 () BIRTH INSTITUTION 4 () HOSP 5 () AIR HOME 6 () OTHER PLACE 0.01 Fouts Road			13 SMOKING IN LAST 15 YEARS? (Yes / No) No	
14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		15 SURVIVING SPOUSE (if wife, give maiden name)		16 SOCIAL SECURITY NO 541-32-3117		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 1+	
18 USUAL OCCUPATION (Give kind of work done during year of writing this. DO NOT USE RETIRED) Treasurer		19 KIND OF BUSINESS OR INDUSTRY Fair Board		20 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes & No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21 RACE (Specify) White	
22 RESIDENCE - NUMBER AND STREET 0.01 Fouts Road		23 CITY/TOWN OR LOCATION Cook		24 INSIDE CITY LIMITS? (Yes / No) No		25A COUNTY Skamania	
25B LENGTH OF RES. IN CO 47 Yrs		26 STATE Wash.		27 ZIP CODE 98605			
28 FATHER'S NAME - FIRST, MIDDLE, LAST Willard P. Seymour				29 MOTHER'S NAME - FIRST, MIDDLE, MARIEN SURNAME Nilva H. Ayers			
30 INFORMANT - NAME Anita Gahmer - Daughter			31 MAILING ADDRESS - STREET OR RFD NO CITY OR TOWN STATE ZIP 1424 Goethals Dr., Richland, Washington 98352				
32 BURIAL CREMATION REMOVAL, OTHER (Specify) Burial		33 DATE (Mo, Day, Yr) May 1, 1994		34 CEMETERY/CREMATORY - NAME Mt. Pleasant Grange Cemetery		35 LOCATION - CITY/TOWN, STATE Washougal, Washington	
36 FUNERAL DIRECTOR (Specify) Lee E. Burnett		37 NAME OF FACILITY Straub's Funeral Home		38 ADDRESS OF FACILITY 325 N. E. 3rd Ave. Camas, WA 98607			
39 TO BE COMPLETED ONLY BY OBSERVING PHYSICIAN 40 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 <i>Norm Bindorf M.D.</i>				41 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			
42 DATE SIGNED (Mo, Day, Yr) May 2, 1994		43 HOUR OF DEATH (24 Hrs.) 1900		44 DATE SIGNED (Mo, Day, Yr)		45 HOUR OF DEATH (24 Hrs.)	
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) A. Glass M.D.				47 HOUR PRONOUNCED DEAD (24 Hrs.)		48 MEDICORNER FILE NUMBER	
49 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Norm Bindorf, M.D. - 3600 N. Interstate Ave., Portland, OR 97227							
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A Metastatic colorectal cancer				INTERVAL BETWEEN ONSET AND DEATH 14 years	
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 UNDER THIS CAUSE (Disease or injury which initiated events resulting in death) LAST.		B DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		C DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		D DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE)				52 AUTOPSY? (Yes / No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54 ACC. SUICIDE, HOW, UNDER OR PENDING INVEST (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOUR OF DAY (24 Hrs.)		57 TIME OF INJURY OCCURRED	
58 INJURY AT WORK? (Yes / No)		59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG ETC (Specify)		60 ADDRESS OF HOME OR RFD NO, CITY/TOWN, STATE			
61 RECORD AMENDMENT (Physician use only) ITEM REASON REVIEWED BY DATE				62 SIGNATURE AND TITLE X <i>Norm Bindorf, M.D.</i>		63 DATE RECEIVED (Mo, Day, Yr) May 4, 1994	

