Record

FILED FOR RECORD
SKAMANIA CO. WASH
BY Dorothea Roberts
Dec 13, 10 59 AM '95
AUDITOR
GARY M. OLSON

Declaration of Heirship, Inheritance, Domicile and Indemnity Agreement

124004

BOOK 154 PAGE 150

STATE OF WASHINGTON)
: ss.
County of Skamania)

I, DOROTHEA A. ROBERTS residing at 72 Wedrick Rd., Stevenson, Skamania County, Washington, being first duly sworn, depose and say as follows:

1. WILLIS D. ROBERTS died intestate in Klickitat County, Washington on March 5, 1995.
2. At the time of his death, WILLIS D. ROBERTS was married to DOROTHEA A. ROBERTS.
3. The sole surviving heirs at law of WILLIS D. ROBERTS are DOROTHEA A. ROBERTS, RUSSELL D. ROBERTS, CHARLES L. ROBERTS, CHARLOTTE A. FELLER and SHIRLEY J. STEVENS. The deceased, WILLIS D. ROBERTS, left no children or children of children who predeceased him other than those named herein.
4. The expenses of the last illness and burial of WILLIS D. ROBERTS and all other claims against the decedent's estate have been settled and paid.
5. There are no Federal Estate taxes due or Washington inheritance taxes due.
6. The purpose of this affidavit is to induce Skamania County Title Company to accept such affidavit in forbearance of a demand made by said title insurance company to probate the decedent's estate.
7. At the time of the decedent's death, decedent owned property in Stevenson, Skamania County, Washington, located at 72 Wedrick Road, and described as follows:

   Lot 3 of the Shirley Stevens Short Plat, recorded at Skamania County, Washington Auditor's File No. 109448, Volume 119, at pages 356-357.

8. I, by my signature hereto, agree to indemnify and hold harmless Skamania County Title Company from any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

DATED this 30th day of November, 1995.

Dorothea Roberts
DOROTHEA A. ROBERTS

STATE OF WASHINGTON)
: ss.
County of Skamania)

SUBSCRIBED AND SWORN to before me this 30th day of November, 1995.

JANET A. JONES
NOTARY PUBLIC
STATE OF WASHINGTON
2-29-97

Req. Rec'd ✓
Indexed ✓
Indirect ✓
Filmed
Mailed

Janet A. Jones
Notary Public for Washington
residing at Carson
My commission expires 2-29-97

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

146
BOOK 154 PAGE 151

LOCAL FILE NUMBER

STATE FILE NUMBER

USE ONLY
1. DISTRICT
2. COPIES 5
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
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1. NAME (First, Middle, Last) Willis Dell ROBERTS		2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) March 5 1995
4. AGE LAST BIRTHDAY (Yrs) 83	5. UNDER 1 YEAR (MOS / DAYS)	6. UNDER 1 DAY (HOURS / MINS)	7. BIRTHDATE (Mo, Day, Yr) June 9 1911
8. BIRTHPLACE (City, State or Foreign Country) Gloversville NY	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Klickitat	
11. CITY, TOWN OR LOCATION OF DEATH White Salmon	12. PLACE OF DEATH - BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 X EMERG RM/OUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE — Skyline Hospital		13. SMOKING IN LAST 15 YEARS? (Yes / No) No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Dorothea A Swartwood	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) Maintenance/Trimmer	19. KIND OF BUSINESS OR INDUSTRY Sawmill	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No	21. RACE (Specify) White
22. RESIDENCE—NUMBER AND STREET 72 Wedrick	23. CITY/TOWN, OR LOCATION Stevenson	24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Skamania / 25B. LENGTH OF RES. IN CO 19 yrs	26. STATE Washington	27. ZIP CODE 98648
28. FATHER'S NAME—FIRST, MIDDLE, LAST Delbert D Roberts		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Charlotte Nellie Downs	
30. INFORMANT—NAME Dorothea A Roberts	31. MAILING ADDRESS STREET OR RFD NO / CITY OR TOWN / STATE / ZIP — 72 Wedrick Stevenson WA 98648		
32. BURIAL/CREMATION/REMOVAL/OTHER (Specify) Burial	33. DATE (Mo, Day, Yr) March 9 1995	34. CEMETERY/CREMATORY—NAME Berge Cemetery	35. LOCATION—CITY/TOWN, STATE Home Valley WA
36. FUNERAL DIRECTOR SIGNATURE X C. M. Dissinger	37. NAME OF FACILITY GARDNER FUNERAL HOME INC.	38. ADDRESS OF FACILITY 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 MD
40. DATE SIGNED (Mo, Day, Yr) 3-7-95
41. HOUR OF DEATH (24 Hrs) 1840
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J. Buchanan, MD
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Gary Regalbuto, MD 1410 May St. Hood River, OR 97031

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)
49. MEDICAL EXAMINER 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.

A. Chronic Obstructive Pulmonary Disease		INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF: B.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: C.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: D.		INTERVAL BETWEEN ONSET AND DEATH

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

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)	LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

SEAL

Karen Steingart, MD

KAREN R. STEINGART, M. D.
District Health Officer

DOH 01-003 (5/92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST BEAR THE OFFICIAL SEAL.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

146
BOOK 154 PAGE 151

LOCAL FILE NUMBER

STATE FILE NUMBER

USE ONLY
1. DISTRICT
2. COPIES 5
3. HOSPITAL
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1. NAME: Willis (First) Dell (Middle) ROBERTS (Last)					2. SEX (M / F): Male	3. DEATH DATE (Mo, Day, Yr): March 5 1995		
4. AGE LAST BIRTHDAY (Years): 83	5. UNDER 1 YEAR: MOS / DAYS	6. UNDER 1 DAY: HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr): June 9 1911	8. BIRTHPLACE (City, State or Foreign Country): Gloversville NY	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO	10. COUNTY OF DEATH: Klickitat		
11. CITY, TOWN OR LOCATION OF DEATH: White Salmon			12. PLACE OF DEATH – SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 X EMERG. TRANSP. VEH. 4 ☐ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE: Skyline Hospital			13. SMOKING IN LAST 15 YEARS? (Yes / No): No		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married			15. SURVIVING SPOUSE (If wife, give maiden name): Dorothea A Swartwood		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): Maintenance/Trimmer			19. KIND OF BUSINESS OR INDUSTRY: Sawmill		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO	21. RACE (Specify): White		
22. RESIDENCE—NUMBER AND STREET: 72 Wedrick			23. CITY/TOWN OR LOCATION: Stevenson	24. INSIDE CITY LIMITS? (Yes / No): NO	25A. COUNTY: Skamania	25B. LENGTH OF RES. IN CO: 19 yrs	26. STATE: Washington	27. ZIP CODE: 98648
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Delbert D Roberts					29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Charlotte Nellie Downs			
30. INFORMANT—NAME: Dorothea A Roberts			31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 72 Wedrick Stevenson WA 98648					
32. BURIAL, CREMATION, OTHER (Specify): Burial	33. DATE (Mo, Day, Yr): March 9 1995		34. CEMETERY/CREMATORY—NAME: Berge Cemetery		35. LOCATION—CITY/TOWN, STATE: Home Valley WA			
36. FUNERAL DIRECTOR SIGNATURE: X C. M. Dirkse			37. NAME OF FACILITY: GARDNER FUNERAL HOME INC.		38. ADDRESS OF FACILITY: 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] MD

40. DATE SIGNED (Mo., Day, Yr): 3-7-95

41. HOUR OF DEATH (24 Hrs.): 1840

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): J. Buchanan, MD

43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Gary Regalbuto, MD 1410 May St. Hood River, OR 97031

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. MEDICAL EXAMINER OR 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
- A. Chronic Obstructive Pulmonary Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year
- DUE TO, OR AS A CONSEQUENCE OF: B. — INTERVAL BETWEEN ONSET AND DEATH:
- DUE TO, OR AS A CONSEQUENCE OF: C. — INTERVAL BETWEEN ONSET AND DEATH:
- DUE TO, OR AS A CONSEQUENCE OF: D. — INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Congestive Heart Failure

52. AUTOPSY? (Yes / No): No

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

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	

SEAL

[signature] Steingart, MD
KAREN R. STEINGART, M. D.
District Health Officer

COH 01-003 (592)

THIS IS A CERTIFIED COPY OF THE RECORD IN MY CUSTODY. REQUESTS FOR CERTIFIED COPIES MAY BE MADE TO THE OFFICE AT ALL

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146
STATE FILE NUMBER BOOK 154 PAGE 151

USE ONLY
1 DISTRICT
2 COPIES 5
3 HOSPITAL
4 OCCURRENCE
5 RESIDENCE
6 TRACT
7 OCCUPATION

1. NAME: First Willis Middle Dell Last ROBERTS
2. SEX (M / F): Male
3. DEATH DATE (Mo. Day. Yr.): March 5 1995
4. AGE LAST BIRTHDAY (Yrs): 83
5. UNDER 1 YEAR: MOS DAYS
6. UNDER 1 DAY: HOURS MINS
7. BIRTHDATE (Mo. Day. Yr.): June 9 1911
8. BIRTHPLACE (City & State or Foreign Country): Gloversville NY
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO
10. COUNTY OF DEATH: Klickitat
11. CITY, TOWN OR LOCATION OF DEATH: White Salmon
12. PLACE OF DEATH: (If NOT FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 ☐ HOME 2 ☐ IN TRANSPORT 3 X DIED WITHOUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE: Skyline Hospital
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Dorothea A Swartwood
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): Maintenance/Trimmer
19. KIND OF BUSINESS OR INDUSTRY: Sawmill
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE—NUMBER AND STREET: 72 Wedrick
23. CITY/TOWN, OR LOCATION: Stevenson
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO: 19 yrs
26. STATE: Washington
27. ZIP CODE: 98648
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Delbert D Roberts
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Charlotte Nellie Downs
30. INFORMANT—NAME: Dorothea A Roberts
31. MAILING ADDRESS (STREET OR RFD NO / CITY OR TOWN / STATE / ZIP): 72 Wedrick Stevenson WA 98648
32. BURIAL/CREMATION/OTHER (Specify): Burial
33. DATE (Mo. Day. Yr.): March 9 1995
34. CEMETERY/CREMATORY—NAME: Berge Cemetery
35. LOCATION—CITY/TOWN, STATE: Home Valley WA
36. FUNERAL DIRECTOR SIGNATURE: X C. M. Dirksen
37. NAME OF FACILITY: GARDNER FUNERAL HOME INC.
38. ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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SIGNATURE AND TITLE: X MD
40. DATE SIGNED (Mo., Day, Yr.): 3-7-95
41. HOUR OF DEATH (24 Hrs.): 1840
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): J. Buchanan, MD

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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47. HOUR PRONOUNCED DEAD (24 Hrs.)
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Gary Regalbuto, MD 1410 May St. Hood River, OR 97031
48. MEDICORONER 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.

A. Chronic Obstructive Pulmonary Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO, OR AS A CONSEQUENCE OF:
B. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
C. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
D. — INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Congestive Heart Failure
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No
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)
58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)
LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

SEAL

Karen Steingart, MD
KAREN R. STEINGART, M. D.
District Health Officer

DOH 61-003 (5/92)

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MAR 0 3 1995

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

BB481703

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

LOCAL FILE NUMBER — BOOK 154 / 146 PAGE 151

Copies: 5

Field	Entry
1. Name (First, Middle, Last)	Willis Dell ROBERTS
2. Sex	Male
3. Death Date (Mo, Day, Yr)	March 5 1995
4. Age Last Birthday (Years)	83
7. Birthdate (Mo, Day, Yr)	June 9 1911
8. Birthplace (State or Foreign Country)	Gloversville NY
9. Was Decedent Ever in U.S. Armed Forces? (Yes/No)	No
10. County of Death	Klickitat
11. City, Town or Location of Death	White Salmon
12. Place of Death	X Other Inpatient — Skyline Hospital
13. Smoking in Last 15 Years?	No
14. Marital Status	Married
15. Surviving Spouse (If wife, give maiden name)	Dorothea A Swartwood
16. Social Security No.	[redacted]
17. Decedent's Education (Elementary/Secondary 0-12)	10
18. Usual Occupation	Maintenance/Trimmer
19. Kind of Business or Industry	Sawmill
20. Was Decedent of Hispanic Origin or Descent?	No
21. Race	White
22. Residence — Number and Street	72 Wedrick
23. City/Town or Location	Stevenson
24. Inside City Limits?	No
25A. County	Skamania
25B. Length of Res. in Co.	19 yrs
26. State	Washington
27. Zip Code	98648
28. Father's Name	Delbert D Roberts
29. Mother's Name — First, Middle, Maiden Surname	Charlotte Nellie Downs
30. Informant — Name	Dorothea A Roberts
31. Mailing Address	72 Wedrick Stevenson WA 98648
32. Burial, Cremation, Removal, Other	Burial
33. Date (Mo, Day, Yr)	March 9 1995
34. Cemetery/Crematory — Name	Berge Cemetery
35. Location — City/Town, State	Home Valley WA
36. Funeral Director Signature	X C. M. [signature]
37. Name of Facility	GARDNER FUNERAL HOME INC.
38. Address of Facility	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] MD
40. Date Signed (Mo, Day, Yr): 3-7-95
41. Hour of Death (24 Hrs): 1840

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):

42. Name and Title of Attending Physician if Other than Certifier: J. Buchanan, MD
48. Name and Address of Certifier — Physician, Medical Examiner or Coroner: Gary Regalbuto, MD 1410 May St. Hood River, OR 97031
49. ME/Coroner File Number:

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

	Cause	Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) A.	Chronic Obstructive Pulmonary Disease	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.		

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.

51. Other Significant Conditions — Conditions contributing to death but not resulting in the underlying cause given above: Congestive Heart Failure
52. Autopsy? (Yes/No): No
53. Was Case Referred to Medical Examiner or Coroner? (Yes/No): No
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:

SEAL — THE SEAL OF THE STATE OF WASHINGTON 1889

Karen Steingart, MD
KAREN R. STEINGART, M. D.
District Health Officer

DOH 01-003 (5/92)

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

BB481703