127193

BOOK 162 PAGE 136
FILED FOR RECORD
SKAMANIA WASH
BY Hazel Linde
JAN 27 1 36 PM '97
P Lowry
AUDITOR
GARY H. OLSON

RETURN ADDRESS
Hazel Linde
61 Linde Road
Carson, Wa 98610

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Certificate of Death
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Leonard N Linde
2.
3.
4.

[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Hazel Linde
2.
3.
4.

[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

T4N R7E S23 SW1/4-SE1/4

[ ] Additional Names on page _____ of document.

18571

REFERENCE NUMBER(S) Of Documents assigned or released:

REAL ESTATE EXCISE TAX

[ ] Additional Names on page _____ of document.

JAN 27 1997

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

04 07 23 3 4 2400 00

PAID exempt
JW

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

SKAMANIA COUNTY TREASURER

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

Unofficial Document

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

22
LOCAL FILE NUMBER

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STATE FILE NUMBER

1. NAME First Middle Last: LEONARD N. LINDE	2. SEX (M / F): MALE	3. DEATH DATE (Mo, Day, Yr): JULY 22, 1993
4. AGE LAST BIRTHDAY (Yrs): 77	7. BIRTHDATE (Mo, Day, Yr): MAY 16, 1916	8. BIRTHPLACE: PORTLAND OR
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO	10. COUNTY OF DEATH: SKAMANIA	
11. CITY, TOWN OR LOCATION OF DEATH: CARSON	12. PLACE OF DEATH: MP.07L LINDE RD	13. SMOKING IN LAST 15 YEARS? (Yes / No): YES
14. MARITAL STATUS: MARRIED	15. SURVIVING SPOUSE (If wife, give maiden name): HAZEL M. LEWIS	16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): College 2 YRS		
18. USUAL OCCUPATION: OWNER/OPERATOR	19. KIND OF BUSINESS OR INDUSTRY: TAVERN	20. Was Decedent of Hispanic origin or descent? (Yes / No) Specify: No
21. RACE (Specify): WHITE		
22. RESIDENCE—NUMBER AND STREET: MP.07L LINDE RD	23. CITY/TOWN, OR LOCATION: CARSON	24. INSIDE CITY LIMITS? (Yes/No): NO
25A. COUNTY: SKAMANIA	25B. LENGTH OF RES IN CO: 33 YRS	26. STATE: WA
27. ZIP CODE: 98610		
28. FATHER'S NAME—FIRST, MIDDLE, LAST: ABE --- LINDE	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: HANNA --- EKOES	
30. INFORMANT—NAME: TOM LINDE	31. MAILING ADDRESS: .03R HEMLOCK Y RD CARSON, WA 98610	
32. BURIAL, CREMATION: CREMATION	33. DATE (Mo, Day, Yr): 7/23/93	34. CEMETERY/CREMATORY—NAME: WIN-QUATT CREMATORY
35. LOCATION—CITY/TOWN, STATE: THE DALLES, OR	36. FUNERAL DIRECTOR SIGNATURE: X R.F. Duisicks	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
40. DATE SIGNED (Mo, Day, Yr)
41. HOUR OF DEATH (24 Hrs)
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] County Coroner
44. DATE SIGNED (Mo, Day, Yr): August 9, 1993
45. HOUR OF DEATH (24 Hrs): 1351
46. PRONOUNCED DEAD (Mo, Day, Yr): July 22, 1993
47. HOUR PRONOUNCED DEAD (24 Hrs): 1410

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick, Coroner Skamania Co. Courthouse Stevenson, WA
49. ME/CORONER FILE NUMBER: 93-043SK

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

IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH: 5 min.
	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

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: --------------
52. AUTOPSY? (Yes / No): No
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 / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: X Karen Steingart, MD
63. DATE RECEIVED (Mo, Day, Yr): Aug 9, 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) formerly DSHS 9-150
A DOH 01-003 (5/92)

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

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