129183

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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

SEP 11 3 37 PM '97
O'Leary
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Cyndi Krebs

Address PO Box 208

City / State Stevenson, WA 98648

Document Title(s): (or transactions contained therein)
1. Death Certificate
2.
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. Dale Jerome Krebs
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Donna L. Krebs
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Taxpayer
Deceased, DR
Affidavit
Filed

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

14

VITAL RECORDS

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

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STATE FILE NUMBER 146

DECEDENT

1 NAME — FIRST, MIDDLE, LAST	2 SEX	3 DEATH DATE (Mo. Day Yr.)
Dale Jerome KREBS	Male	26 Jul 1990

4 AGE LAST BIRTHDAY (Yrs)	5 UNDER 1 YEAR (MOS / DAYS)	6 UNDER 1 DAY (HOURS / MINS)	7 BIRTHDATE (Mo. Day Yr.)	8 BIRTH STATE (If not in USA give country)	9 CITIZEN OF WHAT COUNTRY	10 COUNTY OF DEATH
64			3/25/1926	Nebraska	U.S.A.	Skamania

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☐ HOSP 5 ☐ NURS. HOME 6 ☐ OTHER PLACE)	13 SMOKING IN LAST 15 YEARS? (Yes/No)
Stevenson	Box 208 Impala Drive	Yes

14 MARITAL STATUS — Married, Never Married, Widowed, Divorced	15 SURVIVING SPOUSE (If wife, give maiden name)	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17 SOCIAL SECURITY NO	18 HIGH SCHOOL GRADUATE? (Yes/No)
Married	Madonna	Yes	[redacted]	NO

19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20 KIND OF BUSINESS OR INDUSTRY	21 Was Decedent of Hispanic Origin or descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No	22 RACE (White, Black, Asian or Pacific Islander, American Indian, Hispanic, etc.) (Specify)
Contract Negotiator	Corps of Engineers		White

23 RESIDENCE — NUMBER AND STREET	24 CITY/TOWN OR LOCATION	25 INSIDE CITY LIMITS? (Yes/No)	26 COUNTY	27 STATE	28 ZIP CODE
Box 208 - Impala Dr.	Stevenson	Yes	Skamania	Washington	98648

PARENTS

29 FATHER'S NAME — FIRST, MIDDLE, LAST	30 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Edward - Krebs	Sybil - Irving

31 INFORMANT — NAME	32 MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP)
Madonna Krebs	P.O. Box 208 Stevenson, WA 98648

33 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34 DATE (Mo. Day Yr.)	35 CEMETERY/CREMATORY — NAME	36 LOCATION — CITY, TOWN, STATE
Burial	8/2/90	Mt. View Cemetery	Walla Walla, Washington

37 FUNERAL DIRECTOR (Signature)	38 NAME OF FACILITY	39 ADDRESS OF FACILITY
X [signature]	GARDNER FUNERAL HOME, INC.	Box 390 White Salmon, WA 98672

CERTIFIER

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

42 DATE SIGNED (Mo. Day Yr.) | 43 HOUR OF DEATH (24 Hrs)

46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

49 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (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 Robert K. Leick, Coroner

44 DATE SIGNED (Mo. Day Yr.): August 2, 1990

45 HOUR OF DEATH (24 Hrs): 2015

47 PRONOUNCED DEAD (Mo. Day Yr.): July 26, 1990

48 HOUR PRONOUNCED DEAD (24 Hrs): 2030

Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA

CAUSE OF DEATH

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) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

(A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

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

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, 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 Karen Steingart, MD

62 DATE RECEIVED (Mo. Day Yr.): August 7, 1990

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)

SOUTHWEST WASHINGTON HEALTH DISTRICT
SEAL
AUG 7 1990
WASHINGTON

Gary H. Martin, Skamania County Assessor
Date 9/10/97
Parcel # 3-7-3-9-3-801

SOUTHWEST WASHINGTON HEALTH DISTRICT
Karen Steingart, MD
Karen R. Steingart, M.D.
District Health Officer

DOH 01-003 (7-89)

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

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19014
REAL ESTATE EXCISE TAX

SEP 11 1997

PAID Exempt

SKAMANIA COUNTY TREASURER

038542 D