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

Oct 8 2 50 PM '97
O Lavry
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Thomas Leatherman

Address 1100 Front Ave. NE

City / State Albany, OR 97321

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. Leatherman, Thelma B.
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
19083
OCT - 8 1997
PAID exempt
By Gwynn, Deputy
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Leatherman, Thomas E.
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)

NE¼ of the NE¼ of S2, T2N, R7E

Entered
Indexed, Dir
Indirect
Filmed
Mailed

Gary H. Martin, Skamania County Assessor
Date 10-8-97 Parcel # 2-7-2-1-4 800

☐ Complete legal description is on page 1 of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-02-1-1-0800-00

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

TYPE OR PRINT IN PERMANENT BLACK INK

8
LOCAL FILE NUMBER

Health

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CERTIFICATE OF DEATH

STATE FILE NUMBER

Field	Entry
1. Name (First, Middle, Last)	Thelma Barbara Berdetta LEATHERMAN
2. Sex (M/F)	Female
3. Death date (Mo, Day, Yr)	Feb. 1, 1997
4. Age last birthday (Yrs)	78
5. Under 1 year (Mos, Days)	
6. Under 1 day (Hours, Mins)	
7. Birthdate (Mo, Day, Yr)	7/10/1918
8. Birthplace (City, State or Foreign Country)	British Hollow, WI
9. Was decedent ever in U.S. Armed Forces? (Yes/No)	No
10. County of death	Skamania
11. City, town or location of death	Stevenson
12. Place of death	X Home; 1180 Ryan Allen Road
13. Smoking in last 15 years? (Yes/No)	No
14. Marital status	Married
15. Surviving spouse (If wife, give maiden name)	Thomas E. Leatherman
16. Social security no.	[redacted]
17. Decedent's education (Elementary/Secondary (0-12); College (1-4 or 5+))	1
18. Usual occupation	Homemaker
19. Kind of business or industry	Own Home
20. Was decedent of Hispanic origin or descent? (Yes/No)	No
21. Race (Specify)	White
22. Residence – Number and street	1180 Ryan Allen Rd
23. City, town or location	Stevenson
24. Inside city limits? (Yes/No)	Yes
25a. County	Skamania
25b. Length of res in co	18 yrs
26. State	WA
27. Zip code	98648
28. Father's name – First, Middle, Last	Royal Dean Shultz
29. Mother's name – First, Middle, Maiden surname	Lela Matilda Craig
30. Informant – Name	Thomas Leatherman
31. Mailing address (Street or RFD No., City or Town, State, Zip)	P.O. Box 112 Stevenson, WA 98648
32. Burial, Cremation, Removal, Other (Specify)	Burial
33. Date (Mo, Day, Yr)	2/4/1997
34. Cemetery/Crematory – Name	Stevenson Cemetery
35. Location – City/Town, State	Stevenson, WA
36. Funeral director signature	X [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]
40. DATE SIGNED (Mo, Day, Yr) 2/10/97
41. HOUR OF DEATH (24 Hrs) 0315
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
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. NAME AND ADDRESS OF CERTIFIER – PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Mark Rarick, M.D. 3600 N. Interstate Portland, OR 97227
49. ME/CORONER FILE NUMBER

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

IMMEDIATE CAUSE	Cause	Interval between onset and death
A	Metastatic ovarian cancer	2 months
B – Due to or as a consequence of		
C – Due to or as a consequence of		
D – Due to or as a consequence of		

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, 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 [signature] Steingart, MD
63. DATE RECEIVED (Mo, Day, Yr) Feb 18,1997

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91)