129444

BOOK 169 PAGE 799

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.

First American Title Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

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
V Gunson, 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

Registered
Indexed, Dir
Indirect
Filmed
Mailed

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

☐ 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.*

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

8
LOCAL FILE NUMBER

Health

BOOK 169 PAGE 800

146

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 NAME — First: Thelma; Middle: Barbara Berdetta; Last: 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 / MIN.
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 OF LOCATION OF DEATH: Stevenson
12 PLACE OF DEATH (Check only one box for place then give address or institution name) 1 [X] HOME 2 [ ] IN TRANSPORT 3 [ ] EMERG. RM/OUT-PTN. 4 [ ] HOSP. 5 [ ] NUR. HOME 6 [ ] OTHER PLACE: 1180 Ryan Allen Road
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): Thomas E. Leatherman
16 SOCIAL SECURITY NO.: [redacted]
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 1; College (1-4 or 5+):
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker
19 KIND OF BUSINESS OR INDUSTRY: Own Home
20 Was Decedent of Hispanic origin or descent? (Yes/No) (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: 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

PARENTS

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

DISPOSITION

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33 DATE (Mo. Day. Yr.): 2/4/1997
34 CEMETERY OR 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

CERTIFIER

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 Harick, M.D. 3600 N. Interstate Portland, OR 97227
49 ME/CORONER FILE NUMBER

CAUSE OF DEATH

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 Metastatic ovarian cancer — INTERVAL BETWEEN ONSET AND DEATH: 2 months
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
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, AUTO, PUBLIC BLDG., ETC. (Specify) (Location—Street or RFD No., City/Town, State)

61 RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62 REGISTRAR'S SIGNATURE: X [signature] Registrar, MAD
63 DATE RECEIVED (Mo. Day. Yr.): Feb 18, 1997

FOR INSTRUCTIONS SEE BACK AND HANDBOOK.

DOH 110-008 (Rev. 7/91) (formerly DSHS 5-93) (5-95)

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

NON-OFFICIAL COPY