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FILED
SKAMANIA CO. WASH
SKAMANIA CO. TREAS

Dec 8 1 11 PM '98

GARY R. OLSON
AUDITOR

**AFTER RECORDING MAIL TO:**

Name Alta M Smith

Address PO Box 925

City/State White Salmon WA 98672

**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

REAL ESTATE EXCISE TAX

19902

DEC - 8 1998

PAID exempt

SKAMANIA COUNTY TREASURER

**Grantor(s):** (Last name first, then first name and initials)

1. Prosch, Douglas Frederick
2.
3.
4.
5. ☐ Additional names on page _____ of document

**Grantee(s):** (Last name first, then first name and initials)

1. ~~Washington, State of~~ Alta M. Smith who took Title as Alta M. Prosch
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)

E2 Lot 3 Oregon Lumber Cos Sub, Book A Pg 29 14-3-9

☐ Complete legal description is on page _____ of document

3-9-14-2-1300
12-8-98

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

03-09-14-2-0-1300-00

**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

37
LOCAL FILE NUMBER

Health

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# CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

| 1. NAME — First | Middle | Last | 2. SEX (M / F) | 3. DEATH DATE (Mo. Day Yr.) |
|---|---|---|---|---|
| Douglas | Frederick | PROSCH | M | November 1, 1994 |

| 4. AGE LAST BIRTHDAY (Yrs) | 5. UNDER 1 YEAR: MOS / DAYS | 6. UNDER 1 DAY: HOURS / MINS | 7. BIRTHDATE (Mo. Day Yr.) | 8. BIRTHPLACE (City State or Foreign Country) | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) | 10. COUNTY OF DEATH |
|---|---|---|---|---|---|---|
| 69 | | | 1-29-1925 | Santa Ana, CA | Yes | Skamania |

| 11. CITY, TOWN OR LOCATION OF DEATH | 12. PLACE OF DEATH (X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 (X) HOME 2 IN TRANSPORT 3 EMERG. FACILITY 4 NURSING HOME 5 NURSING HOME 6 OTHER PLACE | 13. SMOKING IN LAST 15 YEARS? (Yes / No) |
|---|---|---|
| Cook | 3.65L | Yes |

| 14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) | 15. SURVIVING SPOUSE (If wife, give maiden name) | 16. SOCIAL SECURITY NO | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+) |
|---|---|---|---|---|
| Married | Alta May Thomas | [redacted] | 12 | |

| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) | 19. KIND OF BUSINESS OR INDUSTRY | 20. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Specify) (Yes / No) If Yes, specify Cuban, Mexican, Puerto Rican, etc.) | 21. RACE (Specify) |
|---|---|---|---|
| Salesman | Office Equipment | (Yes / No) Specify No | White |

| 22. RESIDENCE — NUMBER AND STREET | 23. CITY, TOWN OR LOCATION | 24. INSIDE CITY LIMITS? (Yes / No) | 25A. COUNTY | 25B. LENGTH OF RES. IN CO. | 26. STATE | 27. ZIP CODE |
|---|---|---|---|---|---|---|
| 3.65L | Cook | No | Skamania | 16Yrs. | WA | 98605 |

| 28. FATHER'S NAME — FIRST, MIDDLE, LAST | 29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME |
|---|---|
| Wilfred Prosch | Adella Clark |

| 30. INFORMANT — NAME | 31. MAILING ADDRESS — STREET OR RFD NO. | CITY OR TOWN | STATE | ZIP |
|---|---|---|---|---|
| David Prosch-Son | 8896 Deadman Hill Rd. | Cashmere, WA | | 98815 |

| 32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) | 33. DATE (Mo. Day Yr.) | 34. CEMETERY/CREMATORY — NAME | 35. LOCATION — CITY/TOWN, STATE |
|---|---|---|---|
| Cremation | 11-4-94 | Park Hill Crematory | Vancouver, WA |

| 36. FUNERAL DIRECTOR SIGNATURE | 37. NAME OF FACILITY | 38. ADDRESS OF FACILITY |
|---|---|---|
| X [signature] | Davies Cremation & Burial Serv. | P.O. Box 29 Ridgefield, WA 98642 |

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.): 11/2/94

41. HOUR OF DEATH (24 Hrs.): 07:45

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)
Geoffrey H. Dopan MD 3710 SW US Veterans Hosp Rd, Portland, OR 97201

49. MED./CORONER FILE NUMBER

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

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Metastatic transitional cell carcer of bladder

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

DUE TO, OR AS A CONSEQUENCE OF
b.

DUE TO, OR AS A CONSEQUENCE OF
c.

DUE TO, OR AS A CONSEQUENCE OF
d.

INTERVAL BETWEEN ONSET AND DEATH: 63 months

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

52. AUTOPSY (Yes) (No)

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes) (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 |
|---|---|---|
| | | |

61. RECORD AMENDMENT (Registrar use only)
ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62. REGISTRAR'S SIGNATURE
X [signature] MD

63. DATE RECEIVED (Mo., Day, Yr.)
NOV 4 1994

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-018 (Rev. 7/91) (formerly DSHS 9-158)
A
DOH 61-003 (5/92)

THIS CERTIFICATE IS RECORDED IN THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MAY BE OBTAINED AT THE OFFICIAL SEAL