

133612

BOOK 184 PAGE 1

FILE
SKAMIA
BY SKAMIA CO. 1998

Dec 8 1 11 PM '98

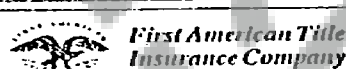
Olson
GARY E. OLSON

AFTER RECORDING MAIL TO:

Name: Alta M. Smith
Address: PO Box 925
City/State: White Salmon WA 98672

Document Title(s): (as transactions contained therein)

1. Death Certificate
- 2.
- 3.
- 4.



Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

REAL ESTATE EXCISE TAX

1998 (one for title company use only)

DEC - 8 1998

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

1. Prosch, Douglas Frederick
- 2.
- 3.
- 4.

PAID exempt
Unkown Depts
SKAMIA COUNTY TREASURER

☐ 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.

☐ 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 Co's Sub., Block A
Pg 29 14-3-9

☐ Complete legal description is on page _____ of document

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

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

3-9-14-2-1200
12-8-98
By SKAMIA
INDEXED 1
FILED 1
RECORDED 1
DATE 12-8-98

NOTE: The auditor/treasurer 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						146 184 PAGE 2					
CERTIFICATE OF DEATH						STATE FILE NUMBER					
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 BIRTH DAY (Yr)	5. UNDER 1 YEAR MOS	6. UNDER 1 DAY HOUR	7. BIRTH DATE (Mo, Day, Yr)	8. BIRTH PLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)						
69			1-29-1925	Santa Ana, CA	Yes						
11. CITY, TOWN OR LOCATION OF DEATH			12. PLACE OF DEATH - BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME								
Cook			3.65L								
14. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify)		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO.							
Married		Alta May Thomas									
13. USUAL OCCUPATION (Give kind of work done during life if working, do not use RETIRED)		13. KIND OF BUSINESS OR INDUSTRY		17. DECEDENT'S EDUCATION (Specify only highest grade completed)							
Salesman		Office Equipment		12							
22. RESIDENCE - NUMBER AND STREET		23. CITY, TOWN OR LOCATION		24. RACE (Specify)							
3.65L		Cook		White							
25. FATHER'S NAME - FIRST, MIDDLE, LAST		26. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME		27. ZIP CODE							
Wilfred Prosch		Adella Clark		98605							
30. PERFORMANT - NAME		31. MAKING ADDRESS		32. BIRTH DATE (Mo, Day, Yr)							
David Prosch-Son		8896 Deadman Hill Rd.		11-4-94							
33. BURIAL CREMATION REMOVAL OTHER (Specify)		34. CEMETERY/CREMATORY NAME		35. LOCATION - CITY/TOWN STATE							
Cremation		Park Hill Crematory		Vancouver, WA							
36. FUNERAL HOME OR SIGNATURE		37. NAME OF FACILITY		38. ADDRESS OF FACILITY							
X <i>[Signature]</i>		Davies Cremation & Burial Serv.		P.O. Box 29 Ridgefield, WA							
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											
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)											
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											
44. DATE SIGNED (Mo, Day, Yr)											
45. HOUR OF DEATH (24 Hrs)											
46. PREVIOUSLY DEAD (Mo, Day, Yr)											
47. HOUR PREVIOUSLY DEAD (24 Hrs)											
48. MEDICORNER FILE NUMBER											
98642											
49. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)											
Geoffrey H. Gorman MD, 3710 SW US VETS Hwy, P.O. Box 92, Portland, OR											
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH											
IMMEDIATE CAUSE (Final disease or condition resulting in death)											
Metastatic transitional cell cancer of bladder											
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEAVY FALL, ETC. LIST ONE OR MORE CAUSES ON EACH LINE											
Sequently for 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. ACC. SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVESTIGATION (Specify)											
53. INJURY DATE (Mo, Day, Yr)											
54. HOUR OF INJURY (24 Hrs)											
55. DESCRIBE HOW INJURY OCCURRED											
56. INJURY AT WORK (Yes/No)											
57. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (Specify)											
58. LOCATION - STREET OR RD NO, CITY/TOWN STATE											
59. RECORD AMENDMENT (Register use only)											
60. RE-SIGNATURE											
61. DATE RECEIVED (Mo, Day, Yr)											
NOV 4 1994											