BOOK 187 PAGE 548

134612

FILED FOR RECORD
SKAMANIA COUNTY
BY SKAMANIA CO. TITLE

MAR 19 1 20 PM '99
Q Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Charles Seward

Address 5950 Hwy. 128

City / State Napa, CA 94558

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. Seward, Vicky
2.
3.
4.
5. ☐ Additional names on page _____ of document

3-8-29-1500
3-8-29-1400
3-10-03-000-202
3-10-03-000-212
3-19-99

Grantee(s): (Last name first, then first name and initials)
1. Seward, Charles
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)

REAL ESTATE EXCISE TAX
20081
MAR 19 1999
PAID exempt
SKAMANIA COUNTY TREASURER

☐ 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

BOOK 187 PAGE 549

Local File Number: 32

Health

CERTIFICATE OF DEATH

State File Number: 146

DECEDENT

1. Name (First, Middle, Last): Vicky Linda Seward
2. Sex (M/F): F
3. Death Date (Mo Day Yr): 10/06/97
4. Age last birthday (years): 46
5. Under 1 year:
6. Under 1 day:
7. Birthdate (Mo Day Yr): [redacted]
8. Birthplace (City, State or Foreign Country): Houston, Texas
9. Was decedent ever in U.S. Armed Forces? (Yes/No): No
10. County of Death: Skamania
11. City, Town or Location of Death: MP 47.7 HWY 14, Stevenson
12. Place of Death (X box for place then give address or institution name): X 47.7(MP) HWY 14
13. Smoking in last 15 years: NO
14. Marital Status: Married
15. Surviving Spouse: Charles Walter Seward
16. Social Security No.: [redacted]
17. Decedent's Education (College 1-4 or 5+): 4
18. Usual Occupation: Home Maker
19. Kind of Business or Industry: Own Home
20. Was decedent of Hispanic origin or descent? (Yes/No) Specify: NO
21. Race (Specify): White
22. Residence (Number and Street): 47742 HWY 14
23. City, Town or Location: Stevenson
24. Inside City Limits? (Yes/No): NO
25A. County: Skamania
25B. Length of Residence: 2 yrs
26. State: WA
27. Zip Code: 98648

PARENTS

28. Father's Name (First, Middle, Last): Jesse Letcher Moore
29. Mother's Name (First, Middle, Maiden Surname): Olga Lavern Fricke
30. Informant's Name: Charles W. Seward (husband)
31. Mailing Address: PO Box 1534, White Salmon, WA 98672

DISPOSITION

32. Burial, Cremation, Removal, Other (Specify): cremation
33. Date (Mo Day Yr): 10/06/97
34. Cemetery/Crematory Name: River View Crematory
35. Location (City/Town, State): Portland, Oregon
36. Funeral Director Signature: X Shari Hammel
37. Name of Facility: Autumn Burial & Cremation
38. Address of Facility: 7120 SW 175th. Avenue Beaverton, Oregon 97007

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 D S Hindahl MD
40. Date Signed (Mo Day Yr): 10/06/97
41. Hour of Death (24 Hrs): 02:55 A.M.
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): David Hindahal, M.D., 212 Skyline Drive, White Salmon, Washington 98672
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.

	Cause	Interval between onset and death
a	Metastatic Breast Cancer	
b	Due to or as a consequence of	
c	Due to or as a consequence of	
d	Due to or as a consequence of	

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, 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 Signature: X Karen Steingart, m.O.
63. Date Received (Mo Day Yr): 10/8/97

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
				BOOK 187 PAGE 550

STATE OFFICE USE ONLY

The record of Birth ☐ Marriage ☐ Dissolution ☐ with

STATE OFFICE USE ONLY

1 STATE FILE NUMBER

for

2 NAME	3 DATE OF EVENT	4 PLACE OF EVENT (City and County)
5 FATHER'S FULL NAME (If Birth) HUSBAND (If Marriage Dissolution)	6 MOTHER'S FULL MAIDEN NAME (If Birth) WIFE (If Marriage Dissolution)	

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS.

THE RECORD NOW SHOWS:	THE TRUE FACT IS:
7.	8
9.	10
11.	12
13.	14

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 15

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

16 SIGNATURE	17. DATE	18 ADDRESS

DCH 510-007 (Rev. 8/95)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport

6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

This is a legal document.
Complete in ink and do not alter.

1997

Dr. Kevin Stein
Health Officer
SW Wash. Health Dist.

DD148853