134759

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

APR 5 4 00 PM '99
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Shirley Marlene Martin
Address 1705 Park Garden Rd
City/State Great Falls MT 59404
SCR 22526

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. Goldsmith, George Harvey
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
20121
APR - 5 1999
PAID Exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Golsmith, Aladeen G.
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)

Lot 46, Columbia Heights according to the recorded plat thereof recorded in Book A of Plats, Page 136 in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County Assessor
Date 4-5-99 Parcel # 3-8-29-4-1-3000

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-4-1-3000-00

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

USE ONLY

Health

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LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
George	Harvey	GOLDSMITH	Male	September 29,1996

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
81			[redacted]	Alexander, ND	No	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 HOME 2 IN TRANSPORT 3 ER/OUTPT 4 HOSP. 5 NURSING HOME 6 OTHER PLACE)	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Carson	X 71 Juniper	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	Aladeen Grace Madison	[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? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Foreman	Livestock Market	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
71 Juniper	Carson	No	Skamania	19 yrs	WA	98610

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
John Brewster Goldsmith	Mamie Etta Norton

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Aladeen G. Goldsmith	P.O. Box 397	Carson,	WA	98610

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	10/1/96	Win-quatt Crematory	The Dalles, OR 97058

36. FUNERAL DIRECTOR/SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X R. Plinick	GARDNER FUNERAL HOME, INC.	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 Raymond Fitz Simmons MD

40. DATE SIGNED (Mo., Day, Yr) 10-1-96

41. HOUR OF DEATH (24 Hrs.) 1930

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)
Raymond FitzSimmons, MD POB 1519 White Salmon, WA 98672

49. ME/CORONER FILE NUMBER

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

IMMEDIATE CAUSE (Final disease or condition resulting in death)
A. LUNG CANCER — INTERVAL BETWEEN ONSET AND DEATH: Weeks

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. — 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)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Diabetes / Spinal Stenosis / ASVD	No	Yes

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	56. INJURY DATE (Mo, Day, Yr)	58. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:

59. 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	63. DATE RECEIVED (Mo., Day, Yr.)
					OCT 01 1996

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly OSHS 9-150)

A DOH 01-003 (8/95)

30-01-08

This is a true & correct copy

THIS IS A CERTIFIED COPY OF A RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. ISSUED BY THE STATE REGISTRAR.