

134854

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RETURN ADDRESS:

CLARA B LAMB  
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NORTH BONNEVILLE WA 98639

FILED FOR RECORD  
SKAMANIA COUNTY WASH  
BY Clara Lamb

APR 15 10 09 AM '99  
GARY M. OLSON  
AUDITOR

Please Print or Type Information.

Document Title(s) or transactions contained therein:

- CERTIFICATE OF DEATH
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GRANTOR(S) (Last name, first, then first name and initials)

- LAMB FRANKLYN WILLIAM
- 
- 
- 

Additional Names on Page \_\_\_\_\_ of Document.

REAL ESTATE EXCISE TAX

GRANTEE(S) (Last name, first, then first name and initials)

- LAMB CLARA B
- 
- 
- 

2037  
APR 15 1999  
PAID exempt  
SW

Additional Names on Page \_\_\_\_\_ of Document.

SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

THAT PORTION OF THE E1/2-NW1/4-NE1/4 OF SECTION 34  
TOWNSHIP 2N RANGE 6E SOUTH AND EAST OF BUTLER LOOP ROAD

Complete Legal on Page \_\_\_\_\_ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

COMMUNITY PROPERTY AGREEMENT BOOK 61 PAGE 406 12/22/69

Additional Numbers on Page \_\_\_\_\_ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 02 06 34 1 0 0500 00

Property Tax parcel ID is not yet assigned.

Additional Parcel Numbers on Page \_\_\_\_\_ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



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LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First Middle Last <b>Franklyn William LAMB</b>		2 SEX (M/F)	3 DEATH DATE (Mo, Day, Yr) <b>August 29, 1998</b>
4 AGE LAST BIRTHDAY (Yr, Mos, Days, Hrs, Mins)	5 UNDER 1 YEAR DAYS	6 UNDER 1 DAY HRS MINS	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)	10 COUNTY OF DEATH	11 CITY, TOWN OR LOCATION OF DEATH
<b>81</b>	<b>Yes</b>	<b>Skamania</b>	<b>Skamania</b>
12 PLACE OF DEATH (In box for place then give address or institution name) 1 (Home) 2 (In Transit) 3 (Living Instn) 4 (Hosp) 5 (Nurs Home) 6 (Other Place)		13 SURVIVED 15 YEARS (Yr, Mos, Days)	
<b>422 Butler Loop Road</b>		<b>No</b>	
14 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	15 SURVIVED SPOUSE (If wife give maiden name)	16 SOCIAL SECURITY NO.	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+)
<b>Married</b>	<b>Clara B. Archer</b>		<b>9</b>
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.)	21 RACE (Specify)
<b>Logger</b>	<b>Timber</b>	<b>No</b>	<b>White</b>
22 RESIDENCE - NUMBER AND STREET	23 CITY/TOWN OR LOCATION	24 RACE CITY LIMITS? (Yes/No)	25 COUNTY
<b>422 Butler Loop Road</b>	<b>Skamania</b>	<b>No</b>	<b>Skamania</b>
26 FATHER'S NAME - FIRST, MIDDLE, LAST	27 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME	28 LENGTH OF RES IDCD	29 STATE
<b>William Joseph Lamb</b>	<b>Daisy Hosby</b>	<b>75 yrs</b>	<b>WA</b>
30 INFORMANT - NAME	31 MAILING ADDRESS - STREET OR RD NO. CITY OR TOWN STATE ZIP	32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo, Day, Yr)
<b>Clara Lamb</b>	<b>P.O. Box 282 North Bonneville, WA 98639</b>	<b>Burial</b>	<b>9/3/1998</b>
34 FUNERAL DIRECTOR SIGNATURE	35 NAME OF FACILITY	36 ADDRESS OF FACILITY	37 LOCATION - CITY/TOWN, STATE
<b>X C. M. Smith</b>	<b>STRAUB'S FUNERAL HOME</b>	<b>325 NE 3rd Ave. Camas, WA 98607</b>	<b>Vancouver, WA</b>
38 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED		39 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IF MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED	
SIGNATURE AND TITLE <b>X</b>		SIGNATURE AND TITLE <b>Bradley Andersen, County Coroner</b>	
40 DATE SIGNED (Mo, Day, Yr)	41 HOUR OF DEATH (24 Hr)	42 DATE SIGNED (Mo, Day, Yr)	43 HOUR OF DEATH (24 Hr)
		<b>September 1, 1998</b>	<b>0700</b>
44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	45 PRONOUNCED DEAD (Mo, Day, Yr)	46 HOUR PRONOUNCED DEAD (24 Hr)	47 MEACORNER FILE NUMBER
<b>Bradley Andersen, Coroner P.O. Box 790 Stevenson, WA 98648</b>	<b>August 29, 1998</b>	<b>0816</b>	<b>98-107SK</b>
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)			
<b>Bradley Andersen, Coroner P.O. Box 790 Stevenson, WA 98648</b>			
49 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		INTERVAL BETWEEN ONSET AND DEATH	
<b>A BONE CANCER</b>		<b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
<b>B</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
DUE TO, OR AS A CONSEQUENCE OF <b>Gary H. Martin, Skamania County Assessor</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
DUE TO, OR AS A CONSEQUENCE OF <b>OSHA 4-15-99 Parcel # 02-06-344-0-000 00</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
DUE TO, OR AS A CONSEQUENCE OF <b>LD</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			
52 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)	53 INJURY DATE (Mo, Day, Yr)	54 HOUR OF INJURY (24 Hr)	55 TIME HOW INJURY OCCURRED
<b>Natural</b>			
56 INJURY AT WORK? (Yes/No)	57 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, BLDG, ETC (Specify)	58 TOPOGRAPHIC STREET OR RD NO. CITY/TOWN, STATE	59
60 RECORD AMENDMENT (Specify date only) ITEM OCCURRED BY EVIDENCE REVIEWED BY DATE	61 PHYSICIAN SIGNATURE	62 DATE RECEIVED (Mo, Day, Yr)	
	<b>X [Signature]</b>	<b>9/4/98</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DDH 110-08 (Rev 7/91) (Form CGMH 826 (8/95))

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