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FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpinski & Woodrich

Mar 6 4 52 PM '99
O'Leary
AUDITOR
GARY H. OLSON

REAL ESTATE EXCISE TAX
20175
MAY - 7 1999
PAID exempt
SKAMANIA COUNTY TREASURER

AFTER RECORDING MAIL TO:

Kielpinski & Woodrich
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

Document Title(s) or transactions contained therein:
1. Death Certificate

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

Sampson, Virgil H.

☐ Additional names on page _____ of document

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

Sampson, Esther R.

☐ Additional names on page _____ of document

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/¼/¼]

☐ Complete legal description is on page _____ of document

Reference Number(s) of Documents Assigned or Released: [Bk/Pg/Aud#]

Community Property Agreement filed January 9, 1975/Book 68/Page 96
Auditor's file number 78602

☐ Additional numbers on page _____ of document

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

☐ Property Tax Parcel ID is not yet assigned

3-7-36-4-4-3100
5-6-99
GHA

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

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146 STATE FILE NUMBER

1. NAME—FIRST, MIDDLE, LAST: Virgil H. SAMPSON	2. SEX: Male	3. DEATH DATE (Mo. Day. Yr.): 10 Jul 1990					
4. AGE LAST BIRTHDAY (Yrs): 76	5. UNDER 1 YEAR: MOS. DAYS	6. UNDER 1 DAY: HOURS MINS.	7. BIRTHDATE (Mo. Day. Yr.): [redacted]	8. BIRTH STATE (If not in USA, give country): Minnesota	9. CITIZEN OF WHAT COUNTRY?: U.S.A.	10. COUNTY OF DEATH: Clark	
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ EN TRANSPORT 3 ☐ ER/OUTPT/DOA 4 ☐ HOSP 5 ☒ NURS. HOME 6 ☐ OTHER PLACE: Rose Vista Nursing home					13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes	
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced: Married	15. SURVIVING SPOUSE (If wife, give maiden name): Esther R. Ries	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): NO	17. SOCIAL SECURITY NO: [redacted]			18. HIGH SCHOOL GRADUATE? (Yes/No): No	
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Machine Operator	20. KIND OF BUSINESS OR INDUSTRY: Lumber Mill	21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.): 1 ☐ Yes 2 ☒ No				22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify): White	
23. RESIDENCE - NUMBER AND STREET: 115 Second Street	24. CITY/TOWN OR LOCATION: Stevenson	25. INSIDE CITY LIMITS?: Yes	26. COUNTY: Skamania	27. STATE: Washington		28. ZIP CODE: 98648	
29. FATHER'S NAME—FIRST, MIDDLE, LAST: Charles N. Sampson		30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Sabra A. Hovey					
31. INFORMANT—NAME: Esther R. Sampson	32. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 115 Second St. Stevenson, WA 98648						
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	34. DATE (Mo. Day. Yr.): 7/10/90	35. CEMETERY/CREMATORY—NAME: Park Hill Crematory	36. LOCATION—CITY/TOWN, STATE: Vancouver, WA				
37. FUNERAL DIRECTOR (Signature): X R. Dennis		38. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.	39. ADDRESS OF FACILITY: Box 390 White Salmon, WA 98672				

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE: X John Rastall M.D.

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE: X

42. DATE SIGNED (Mo. Day. Yr.)	43. HOUR OF DEATH (24 Hrs.)	44. DATE SIGNED (Mo. Day. Yr.)	45. HOUR OF DEATH (24 Hrs.)
7/16/90	0530		

46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	47. PRONOUNCED DEAD (Mo. Day. Yr.)	48. HOUR PRONOUNCED DEAD (24 Hrs.)

49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): John Rastall, M.D. 700 NE 87th Vancouver, WA 98664

50. PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	(a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH: Hrs.
	(b) Atherosclerotic coronary artery disease DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH: Hrs.
	(c)	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)
and other Renal disease.	No	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. REGISTRAR SIGNATURE: X Karen Steingart, md

62. DATE RECEIVED (Mo. Day. Yr.): JUL 27 1990

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)

SOUTH WASHINGTON HEALTH DISTRICT

JUL 27 1990

Karen Steingart, md

SEAL

KAREN STEINGART M.D.
HEALTH DISTRICT OFFICER

DOH 01-003 (7.89)

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