136289

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FILED FOR RECORD AT REQUEST OF
SKAMANIA CO. TITLE
SEP 16 12 05 PM '99
GARY W. OLSON

Return Address:

ELEANOR M. BACHMAN
5555 E. Evergreen Blvd 208
VANCOUVER, WA 98661

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Bachman, Raymond Lee
2.
3.
4.
[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
20417
SEP 16 1999
PAID Exempt
SKAMANIA COUNTY TREASURER

GRANTEE(S) (Last name, first, then first name and initials)
1. Bachman, Eleanor M.
2.
3.
4.
[ ] Additional Names on page _____ of document.

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

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[X] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s 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.

1 DISTRICT: M1

2 COPY: 0

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

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STATE FILE NUMBER

- 1. NAME — First: Raymond; Middle: Lee; Last: BACHMAN
- 2. SEX (M/F): Male
- 3. DATE OF DEATH (Mo, Day, Yr): February 14, 1999
- 4. AGE LAST BIRTHDAY (YEARS): 95
- 5. UNDER 1 YEAR — MOS / DAYS:
- 6. UNDER 1 DAY — HOURS / MINS:
- 7. BIRTHDATE (Mo, Day, Yr): April 2, 1903
- 8. BIRTHPLACE (City, State or Foreign Country): Pawnee City, NE
- 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
- 10. COUNTY OF DEATH: Clark
- 11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
- 12. PLACE OF DEATH—CHECK BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 □ HOME 2 □ IN TRANSPORT 3 □ EMERG ROOM/OUTPT 4 □ HOSP. INPATIENT 5 ☒ NURSING HOME 6 □ OTHER PLACE): Fort Vancouver Convalescent Center
- 13. SMOKING IN LAST 15 YEARS? (Yes/No): No
- 14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
- 15. SURVIVING SPOUSE (If wife give maiden name): Eleanor Schildmeyer
- 16. SOCIAL SECURITY NO: [redacted]
- 17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): ; College (1-4 or 5+): 4
- 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Editor and Publisher
- 19. KIND OF BUSINESS OR INDUSTRY: Newspaper
- 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No
- 21. RACE (Specify): White
- 22. RESIDENCE—NUMBER AND STREET: 5555 East Evergreen Blvd #208
- 23. CITY/TOWN OR LOCATION: Vancouver
- 24. INSIDE CITY LIMITS? (Yes/No): Yes
- 25A. COUNTY: Clark
- 25B. LENGTH OF RES. IN CO.: 73ys
- 26. STATE: WA.
- 27. ZIP CODE: 98661
- 28. FATHER'S NAME—FIRST, MIDDLE, LAST: John F. Bachman
- 29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Ola Lee Gooch
- 30. INFORMANT—NAME: Eleanor Bachman (Wife)
- 31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 5555 East Evergreen Blvd. #208 Vancouver, Washington 98661
- 32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
- 33. DATE (Mo, Day, Yr): Feb. 17, 1999
- 34. CEMETERY/CREMATORY—NAME: Park Hill Cemetery
- 35. LOCATION—CITY/TOWN, STATE: Vancouver, Washington
- 36. FUNERAL DIRECTOR SIGNATURE: Kenneth R. Andersen
- 37. NAME OF FACILITY: Vancouver Funeral Chapel
- 38. ADDRESS OF FACILITY: 110 East 12th St. Vancouver, Washington 98660

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 Cyril S. Dodge MD
- 40. DATE SIGNED (Mo, Day, Yr): Feb 16, 1999
- 41. HOUR OF DEATH (24 Hrs): 2200 hrs.
- 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): Cyril S. Dodge, MD 700 N.E. 87th Ave. Vancouver, Washington 98664
- 49. ME/CORONER FILE NUMBER:
- 50. 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)	Cause	Interval between onset and death
a.	Congestive Heart Failure	1-2 week
b. DUE TO, OR AS A CONSEQUENCE OF	Calcific Aortic Stenosis	years
c. DUE TO, OR AS A CONSEQUENCE OF		
d. DUE TO, OR AS A CONSEQUENCE OF		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

Gary H. Martin, Skamania County Assessor
Date 9/16/99 Parcel # 02 05 31 3 00300 00
MD 02 05 31 3 00400 00

- 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Acute Myocardial Infarction
- 52. AUTOPSY? (Yes/No): No
- 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/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. RECORD AMENDMENT (Registrar use only) — ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
- 62. REGISTRAR SIGNATURE: X Karen R. Steingart, MD
- 63. DATE RECEIVED (Mo, Day, Yr): FEB 16 1999

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

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DOH 01-003 (5/98)