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136602

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

Oct 19 11 13 AM '99

CLERK
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Rosalyn Maloney

Address 440 Moleno Ave.

City/State Sunnyvale, CA 94086-7551

SCR 22669

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

Grantor(s): (Last name first, then first name and initials)
1. Maloney, Robert Matthew
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Maloney, Rosalyn
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)

[redacted]

First American Title Insurance Company

(this space for title company use only)

Gary H. Martin, Skamania County Assessor
Date 9/23/99 Parcel # 2-5-19-2-300
Lot-3

☐ Complete legal description is on page X of document

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

WA-1

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 CALIFORNIA
CERTIFICATION OF VITAL RECORD

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COUNTY of SANTA CLARA

PUBLIC HEALTH
2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY-NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/97)

STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER _____

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)				
ROBERT	MATTHEW	MALONEY				
4. DATE OF BIRTH MM/DD/CCYY	5. AGE 108	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR		
03/08/1926	72	M	11/11/1998	0942		
9. STATE OF BIRTH	10. SOCIAL SECURITY NO	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED		
ME	004-20-1930	[X] YES [ ] NO [ ] UNK	MARRIED	17		
14. RACE	15. HISPANIC—SPECIFY		16. USUAL EMPLOYER			
CAUC	[ ] YES [X] NO		SELF EMPLOYED			
17. OCCUPATION	18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
OWNER/CONTRACTOR	UNDERGROUND CONSTRUCTION		50			

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
440 EMOLINO AVE.				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
SUNNYVALE	SANTA CLARA	94086	47	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
ROSALYN MALONEY - SPOUSE	440 EMOLINO AVE. SUNNYVALE, CA 94086

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
ROSALYN	MARIE	SULLIVAN	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
JOSEPH	G.	MALONEY	ME
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
MADALINE	MARGARET	CRONIN	ME

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
11/17/1998	RES ROSALYN MALONEY 440 EMOLINO AVE. SUNNYVALE, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER		43. LICENSE NO.
CR/ RES	▶ NOT EMBALMED		-
44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
LIMA FAMILY SUNNYVALE	FD 1169	▶ Martin D Fenstersheib MD	11/13/1998

PLACE OF DEATH

48. PLACE OF DEATH	49. IF HOSPITAL, SPECIFY DOA	50. FACILITY OTHER THAN HOSPITAL	50A. COUNTY	
EL CAMINO HOSPITAL	[ ] IP [ ] ER/OP [ ] DOA	[ ] COMM. HOSP. [ ] INCL. CARE [ ] OTHER	SANTA CLARA	
50B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			50C. CITY	
2500 GRANT ROAD			MT. VIEW	

CAUSE OF DEATH

57. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.)

		TIME INTERVAL BETWEEN ONSET AND DEATH	58. DEATH REPORTED TO CORONER
IMMEDIATE CAUSE (A)	CHF. Cardiogenic shock	1hr	[ ] YES [X] NO
DUE TO (B)	Cardiomyopathy.	yrs	59. AUTOPSY PERFORMED [ ] YES [X] NO
DUE TO (C)	CAD.	yrs	60. AUTOPSY PERFORMED [ ] YES [X] NO
DUE TO (D)	COPD	yrs	61. USED IN DETERMINING CAUSE [ ] YES [X] NO

62. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 57

63. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 57 OR 62? IF YES, LIST TYPE OF OPERATION AND DATE

PHYSICIAN'S CERTIFICATION

64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED	65. SIGNATURE AND TITLE OF CERTIFIER	66. LICENSE NO.	67. DATE MM/DD/CCYY
3/31/95 11:11 11/11/98	▶	A216464	11/12/1998
	68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	IBRAHIM SAAH MD.	
	2660 GRANT ROAD MT. VIEW, CA 94040		

CORONER'S USE ONLY

69. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED

70. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

71. INJURY AT WORK: [ ] YES [ ] NO | 72. INJURY DATE MM/DD/CCYY | 73. HOUR | 74. PLACE OF INJURY

75. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

76. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

77. SIGNATURE OF CORONER OR DEPUTY CORONER ▶ | 78. DATE MM/DD/CCYY | 79. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR: A | B | C | D | E | F | G | H | PAK AUTH. # 08212 | CENSUS TRACT

H 1173957

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By _____

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

11 / 17 / 1998

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

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