

BOOK 194 PAGE 351

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Oct 19 11 13 AM '99

Amosen

GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Rosalyn Maloney

Address 440 Moleno Ave.

City/State Sunnyvale, CA 94086-7551

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**

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Gary H. Martin, Skamania County Assessor

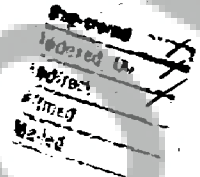
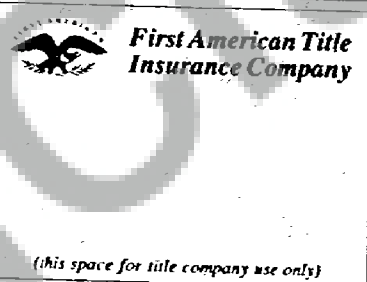
Date 9/23/99 Parcel # 2-5-19-2-300
Lot 3

☒ Complete legal description is on page 4 of document

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

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

BOOK 194 PAGE 352
COUNTY of SANTA CLARA

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

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (IS-104) ROBERT		2. MIDDLE MATTHEW	
3. LAST FAMILY MALONEY		4. DATE OF BIRTH M/M/BB/CCYY 03/08/1926	
5. AGE YRS 72		6. SEX M	
7. DATE OF DEATH M/M/BB/CCYY 11/11/1998		8. HOUR 0942	
9. STATE OF BIRTH ME		10. SOCIAL SECURITY NO 004-20-1930	
11. MILITARY SERVICE ☒ YES ☐ NO ☐ URM		12. MARITAL STATUS MARRIED	
13. EDUCATION—YEARS COMPLETED 17		14. RACE CAUC	
15. HISPANIC—SPECIFY ☐ YES ☒ NO		16. USUAL EMPLOYER SELF EMPLOYED	
17. OCCUPATION OWNER/CONTRACTOR		18. YEARS IN OCCUPATION 50	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION) 440 EMOLINO AVE.		20. CITY SUNNYVALE	
21. COUNTY SANTA CLARA		22. ZIP CODE 94086	
23. YES IN COUNTY ☒ NO ☐ STATE OR FOREIGN COUNTRY CA		24. NAME OF SURVIVING SPOUSE—FIRST ROSALYN	
25. MIDDLE MALONEY		26. LAST SUNNYVALE	
27. NAME OF FATHER—FIRST JOSEPH		28. MIDDLE G.	
29. LAST MALONEY		30. NAME OF MOTHER—FIRST MADALINE	
31. MIDDLE MARGARET		32. LAST CROBIN	
33. DATE M/M/BB/CCYY 11/17/1998		34. PLACE OF DEATH RES ROSALYN MALONEY 440 EMOLINO AVE. SUNNYVALE, CA	
35. TYPE OF DEATH CH/RES		36. SIGNATURE OF REGISTRAR NOT EXHIBITED	
37. NAME OF FUNERAL HOME LINA FAMILY SUNNYVALE		38. LICENSE NO. FD 1169	
39. SIGNATURE OF LOCAL REGISTRAR Martin D. Fensterseh		40. DATE M/M/BB/CCYY 11/13/1998	
41. PLACE OF DEATH EL CAMINO HOSPITAL		42. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 12500 GRANT ROAD	
43. CITY MT. VIEW		44. COUNTY SANTA CLARA	
45. ZIP CODE 94040		46. DEATH REPORTED TO CORONER ☒ YES ☐ NO	
47. CAUSE OF DEATH CHF. Cardiogenic shock		48. DEATH REPORTED TO CORONER ☒ YES ☐ NO	
49. DUE TO (B) Cardiomyopathy		50. DEATH REPORTED TO CORONER ☒ YES ☐ NO	
51. DUE TO (C) CAD.		52. DEATH REPORTED TO CORONER ☒ YES ☐ NO	
53. DUE TO (D) COPD		54. DEATH REPORTED TO CORONER ☒ YES ☐ NO	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 47		56. SIGNATURE OF PHYSICIAN IBRAHIM SAAD MD.	
57. DATE M/M/BB/CCYY 11/12/1998		58. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 2660 GRANT ROAD MT. VIEW, CA 94040	
59. MANNER OF DEATH ☒ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ CAUSE NOT YET DETERMINED		60. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 2660 GRANT ROAD MT. VIEW, CA 94040	
61. SIGNATURE OF CORONER OR DEPUTY CORONER Martin D. Fensterseh		62. DATE M/M/BB/CCYY 11/17/1998	
63. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER MARTIN D. FENSTERSEH		64. FAX AUTH. # 08212	

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STATE OF CALIFORNIA
COUNTY OF SANTA CLARA
CERTIFIED COPY OF VITAL RECORDS
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.

11/17/1998

Martin D. Fensterseh MD
MARTIN D. FENSTERSEH
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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



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