136965

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FILED FOR RECORD
STATE OF WASHINGTON
Joseph Udell
Dec 6 12 32 PM '99
AUDITOR
GARY E. OLSON

RETURN ADDRESS:

Margarette Ostler
246 NW Roosevelt St.
Stevenson, WA 98648

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. Ostler, Bert LaNee
2. Ostler, Margarette E.
3.
4.

☐ Additional Names on Page _____ of Document.

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

1. Ostler, Margarette E.
2.
3.
4.

☐ Additional Names on Page _____ of Document.

REAL ESTATE EXCISE TAX
20575
DEC 06 1999
PAID exempt
SKAMANIA COUNTY TREASURER

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

Lots 1, 2, and 13 of Block 2 of Upper Cascades Addition to the Town of Stevenson according to the official plat recorded at page 69 of book A of plats

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Vol 73 Pg 15 AF 84437 7/13/77

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03073634060000

☐ 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

TYPE OR PRINT IN PERMANENT BLACK INK

35
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

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146
STATE FILE NUMBER

1. NAME — First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo. Day Yr.)
Bert	LeNae	OSTLER	Male	November 2, 1999

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR: MOS. / DAYS	6. UNDER 1 DAY: HOURS / MINS.	7. BIRTHDATE (Mo. Day Yr.)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
82			1/31/1917	Price, Utah	No	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH (Check only one box for place then give address or institution name)	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Stevenson	1 [X] HOME 2 [ ] IN TRANSPORT 3 [ ] EMERG. ROOM/ER 4 [ ] HOSP 5 [ ] NUR HOME 6 [ ] OTHER PLACE — 246 Roosevelt	No

14. MARITAL STATUS — Married / Never Married / Widowed / Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Margarette E. Saunders	530-05-1183	11	

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.) (Yes / No) Specify	21. RACE (Specify)
Equipment Operator	Construction	No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY, TOWN OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES IN CO	26. STATE	27. ZIP CODE
246 Roosevelt	Stevenson	Yes	Skamania	44yrs	WA	98648

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Samuel T. Ostler	Rosalia - Boyack

30. INFORMANT — NAME	31. MAILING ADDRESS — STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Larry S. Ostler	771 Skamania Landing Rd.	Skamania,	WA	98648

32. BURIAL/CREMATION/REMOVAL/OTHER (Specify)	33. DATE (Mo. Day Yr.)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Cremation	11/4/1999	Win-quatt Crematory	The Dalles, Oregon

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X	Gardner Funeral Home	POB 390 White Salmon, WA 98672

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

40. DATE SIGNED (Mo. Day Yr.)	41. HOUR OF DEATH (24 Hrs.)	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
11-4-99	0645	

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)
Paul Hamada, M.D. 1784 May St. Hood River, OR 97031

49. ME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	10 YEARS
	DUE TO, OR AS A CONSEQUENCE OF: B.	
	DUE TO, OR AS A CONSEQUENCE OF: C.	
	DUE TO, OR AS A CONSEQUENCE OF: D.	

Gary H. Martin, Skamania County Assessor
Date 12/6/99 Parcel # 03-07-36-3-4-0600-00
$10

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)
CORONARY ARTERY DISEASE	No	Yes

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo. Day Yr.)	56. HOUR OF INJURY (24 Hrs.)	57. 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
NO		

61. RECORD AMENDMENT (Registrar use only) FROM / BIOGRAPHY / EVIDENCE / REVIEWED BY / DATE	62. REGISTRAR'S SIGNATURE	63. DATE RECEIVED (Mo. Day Yr.)
	X	11/8/99

DOH 01-003 (5-98)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE REGISTRAR OF VITAL STATISTICS. CERTIFIED COPIES MUST BEAR THE RAISED SEAL OF THE OFFICE.