

137529

BOOK 197 PAGE 83

FILED FOR RECORD  
SKAMANIA COUNTY WASH  
BY SKAMANIA CO. 1111

MAR 2 3 54 PM '00

*Amos*  
ALL FOR  
GARY H. OLSON

**AFTER RECORDING MAIL TO:**

Name Loretta Malfait  
Address 39336 NE Washougal River Road  
City/State Washougal, WA 98671

SK 23159  
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. Malfait, Roger
- 2.
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Malfait, Loretta
- 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)

A tract of land in the Northeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the Malfait Short Plat No. 5 recorded in Book 3 of Short Plats, Page 24, Skamania County Records.

☐ Complete legal description is on page \_\_\_\_\_ of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-19-0-0-0310-00

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.



First American Title  
Insurance Company

(this space for title company use only)

REAL ESTATE EXCISE TAX  
20688

MAR - 2 2000

PAID *Amos*

*Gary H. Martin, Skamania County Assessor*  
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor  
Date 3/2/00 Parcel # 2-5-19-510

Recorded in  
Index  
Filed  
Date

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE  
USE  
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

220  
LOCAL FILE NUMBER

## Health CERTIFICATE OF DEATH

BOOK 197- PAGE 84  
146 STATE FILE NUMBER

1. NAME

2. SEX (M/F)

3. DEATH DATE (Mo, Day, Yr)

4. AGE LAST BIRTHDAY (Yrs)

5. UNDER 1 YEAR

6. UNDER 1 DAY

7. BIRTH DATE (Mo, Day, Yr)

8. BIRTH PLACE (City, State or Foreign Country)

9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)

10. COUNTY OF DEATH

11. CITY, TOWN OR LOCATION OF DEATH

12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME

13. SHOWING IN LAST 15 YEARS? (Yes/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)

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.)

21. RACE (Specify)

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

28. FATHER'S NAME — FIRST, MIDDLE, LAST

29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME

30. INFORMANT — NAME

31. MAILING ADDRESS

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)

33. DATE (Mo, Day, Yr)

34. CEMETERY, CREMATORIUM — NAME

35. LOCATION — CITY, TOWN, STATE

36. FUNERAL DIRECTOR'S SIGNATURE

37. NAME OF FACILITY

38. ADDRESS OF FACILITY

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

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)

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

44. DATE SIGNED (Mo, Day, Yr)

45. HOUR OF DEATH (24 Hrs)

46. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)

47. HOUR PRONOUNCED DEAD (24 Hrs)

48. MECHANISM OF DEATH

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

50. IMMEDIATE CAUSE (Final disease or condition resulting in death)

51. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE

52. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

53. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE

54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)

55. INJURY DATE (Mo, Day, Yr)

56. HOW INJURY OCCURRED

57. INJURY AT WORK? (Yes/No)

58. PLACE OF INJURY — AT HOME, FARM, BLDG, ETC. (Specify)

59. RECORD AMENDMENT (Register use only)

60. DATE RECEIVED (Mo, Day, Yr)

61. FOR INSTRUCTIONS SEE BACK AND HANDBOOK

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.