138510

BOOK 200 PAGE 534

FILED AND RECORDED
SKAMANIA COUNTY, WASH
SKAMANIA CO. TITLE
JUL 3 3 35 PM '00
Q Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Clara Donat

Address PO Box 732

City/State Carson, WA 98610

SCR 23412

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

First American Title Insurance Company

(this space for title company use only)

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

REAL ESTATE EXCISE TAX

20926

JUL - 3 2000

PAID Exempt

SW

SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Donat, Clara M.
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)

☐ Complete legal description is on page _____ of document

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

Gary H. Martin, Skamania County Assessor

Date 7-3-00 Parcel # 3-7-36-3-4-3500

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.*

CERTIFICATION OF VITAL RECORD

BOOK 200 PAGE 535

TYPE OR PRINT IN PERMANENT BLACK INK

G-4044

I.D. TAG NO.

30497

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1. DECEDENT'S NAME: First: Adolph; Middle: Ernest; Last: DONAT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 6, 1997
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 73
5b. If Under 1 Year: Mos. / Days
5c. If Under 1 Day: Hours / Min.
6. BIRTHPLACE (City and State or Foreign Country): Marwitz, Germany
7. DATE OF BIRTH (Month, Day, Year): Feb. 24, 1924
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
8b. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): Hood River Memorial Hospital
8d. CITY, TOWN, OR LOCATION OF DEATH: Hood River
8e. COUNTY OF DEATH: Hood River
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Millworker
9b. KIND OF BUSINESS/INDUSTRY: Lumber
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SPOUSE (If Married, Widowed): Clara Donat
12a. RESIDENCE - STATE: Washington
12b. COUNTY: Skamania
12c. CITY, TOWN OR LOCATION: Carson
12d. STREET AND NUMBER: 71 Metzger Road
12e. INSIDE CITY LIMITS? ☐ Yes ☒ No
12f. ZIP CODE: 98610
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify
14. RACE - American Indian, Black, White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

16. FATHER - NAME first middle last: John - Donat
17. MOTHER - NAME first middle maiden: Anna - Hannemann

INFORMANT

18. INFORMANT - NAME and relationship to deceased: Clara Donat, wife

DISPOSITION

19a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Win-quatt Crematory
19c. LOCATION - City or Town, State: The Dalles, OR

FUNERAL SERVICE LICENSEE

19a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. Dennicks
19b. LICENSE NUMBER (For Licensee): 1488
19c. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672

REGISTRAR

20. DATE FILED (Month, Day, Year): April 8 1997
21. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell
22. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT (CORNEA) GIVEN? ☐ NO ☐ N/A: not available
23. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A: not available

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1316 p.m.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Linda L. Desitter
30. DATE SIGNED (Month, Day, Year): 4-8-97
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Linda Desitter, M.D. 13th & May Streets Hood River, OR 97031
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year): COUNTY

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) Cardiac Arrest — Interval between onset and death: Immediate
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.
ORIGINAL VITAL STATISTICS COPY

45-2 Rev 2-95

DATE ISSUED: HOOD RIVER APR 08 1997 COUNTY OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE