139054

BOOK 202 PAGE 372

FILED FOR RECORD
SKAMANIA CO. WASH
BY Anthony H. Connors
SEP 6 8 55 AM '00
O Lowry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

ANTHONY H. CONNORS
ATTORNEY AT LAW
P. O. BOX 1116
WHITE SALMON, WA 98672

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. JOHNSON, DONNA LEE
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

1. THE PUBLIC
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-09-11-3-0-1200/00 9/6/00

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional Names 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.

Unofficial Document

200674

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

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COUNTY OF SAN MATEO
HEALTH DEPARTMENT
SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH 3199941 004887

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME: DONNA	2. MIDDLE: LEE	3. LAST: JOHNSON	
4. DATE OF BIRTH: 02/13/1934	5. AGE: 65	6. SEX: F	7. DATE OF DEATH: 12/17/1999
8. STATE OF BIRTH: MA	9. SOCIAL SECURITY NO: [redacted]	11. MARITAL STATUS: MARRIED	12. EDUCATION: 12
13. RACE: WHITE	14. HISPANIC: NO	15. USUAL OCCUPATION: DOCUMENTATION PROCESSOR	16. KIND OF BUSINESS: COMMUNICATIONS
17. USUAL EMPLOYER: CPI CORPORATION	18. YEARS IN OCCUPATION: 15		

USUAL RESIDENCE

19. RESIDENCE — STREET AND NUMBER OR LOCATION: 1194 KING STREET
20. CITY: REDWOOD CITY
21. COUNTY: SAN MATEO
22. ZIP CODE: 94061
23. IN CITY LIMITS: 40
24. STATE OR FOREIGN COUNTRY: CA

INFORMANT

25. NAME, RELATIONSHIP: HENRY R. JOHNSON-HUSBAND
26. MAILING ADDRESS: 1194 KING ST., REDWOOD CITY, CA 94061

SPOUSE AND PARENT INFORMATION

27. NAME OF SURVIVING SPOUSE: HENRY	28. MIDDLE: RAY	29. LAST (MAIDEN): JOHNSON	
30. NAME OF FATHER: MALVIN	31. MIDDLE: LeROY	32. LAST: THOMAS	33. BIRTH STATE: SD
34. NAME OF MOTHER: VIRGINIA	35. MIDDLE: FERN	36. LAST (MAIDEN): JOHNSTON	37. BIRTH STATE: MA

DISPOSITION

38. DATE: 12/22/1999
39. PLACE OF FINAL DISPOSITION: RES-HENRY R. JOHNSON 1194 KING ST., REDWOOD CITY, CA 94061

FUNERAL DIRECTOR AND LOCAL REGISTRAR

40. TYPE OF DISPOSITION: CR/RES	42. SIGNATURE OF EMBALMER: NOT EMBALMED	43. LICENSE NO
44. NAME OF FUNERAL DIRECTOR: CUNNINGHAM'S AFFORDABLE BURIAL AND CREMATION CNTR	45. LICENSE NO: FD-1532	46. SIGNATURE OF FUNERAL DIRECTOR: [signature]
47. DATE RECEIVED BY LOCAL REGISTRAR: 12/22/1999 DM		

PLACE OF DEATH

100. PLACE OF DEATH: KAISER REDWOOD CITY	101. IF HOSPITAL, SPECIFY: IP	104. COUNTY: SAN MATEO
102. STREET ADDRESS: 1150 VETERANS BLVD.		105. CITY: REDWOOD CITY

CAUSE OF DEATH

107. IMMEDIATE CAUSE (A): lung cancer — INTERVAL: yrs
DUE TO (B):
DUE TO (C):
DUE TO (D):
108. DEATH REPORTED TO CORONER: NO
109. AUTOPSY PERFORMED: NO
110. AUTOPSY PERFORMED: NO
111. USED IN DETERMINING CAUSE: NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: urinary tract infection
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NONE

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED: 12/16/1999
PRONOUNCED DEAD: 12/17/1999
115. SIGNATURE AND TITLE OF CERTIFIER: [signature]
116. LICENSE NO: A063050
117. DATE SIGNED: 12/17/1999
118. TYPE OR PRINT PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: DAVID LID, M.D. 1156 VETERANS BLVD. RWC CITY CA 94063

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
119. MANNER OF DEATH: NATURAL / ACCIDENT / SUICIDE / PENDING INVESTIGATION / HOMICIDE / COULD NOT BE DETERMINED
120. DATE OF INJURY
121. INJURY AT WORK: YES / NO
122. HOUR
123. PLACE OF INJURY
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)
126. SIGNATURE OF CORONER OR DEPUTY CORONER
127. DATE
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR: A | B | C | D | E | F | G | H
FAX AUTH. #: 4393
CENSUS TRACT

147649

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN MATEO }

DATE ISSUED DEC 30 1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

Gary H. Martin, Stanislaus County Assessor
Date 4/6/00 3-9-11-5-1200
Parcel # W

SCOTT MORROW, M D
HEALTH OFFICER AND REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Official Record