

139299

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RETURN ADDRESS:

John A. McGee
1321 Riverside Drive
Washougal, WA 98671

FILED FOR RECORD
SKAMANIA CO. WASH
BY *John A. McGee*

OCT 3 10 30 AM '00
John A. McGee
AUDITOR
GARY M. OLSON

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. *McGee, Ruby Naomi*

2.

3.

4.

☐ Additional Names on Page _____ of Document.

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

1. *McGee, John A.*

2.

3.

4.

☐ Additional Names on Page _____ of Document.

REAL ESTATE EXCISE TAX

21118

OCT - 3 2000

PAID

John A. McGee

SKAMANIA COUNTY TREASURER

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

Sec 13 Twp 36 N Range 5 E☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

CPA recorded BK 871 page 474☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.☐ Additional Parcel Numbers on Page _____ of Document.

01-05-11-2-0-0100-00

NO 10-3-00

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

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CERTIFICATE OF DEATH

146

STATE FEE NUMBER

TYPE OR PRINT INTERPRETANT BLACK INK

24

LOCAL FEE NUMBER

1 NAME Last First Middle Initial		2 SEX (M/F)		3 DEATH DATE (Mo, Day, Yr)	
Ruby Naomi McGEE		F		July 13, 2000	
4 AGE LAST BIRTH DAY (Yr)	5 UNDER 1 YEAR	6 UNDER 1 DAY	7 BIRTH DATE (Mo, Day, Yr)	8 BIRTH PLACE	9 WAS DECEDENT EVER PLUS ARMED FORCES?
77	mos	days	9-26-1922	Dot, WA	no
11 CITY, TOWN, OR LOCATION OF DEATH			12 PLACE OF DEATH - IF OTHER THAN PLACE THEN GIVE ADDRESS OR INSTITUTION NAME		
Washougal			1221 Riverside Dr.		
14 MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify)		15 SURVIVING SPOUSE (If wife give her name)		16 SOCIAL SECURITY NO.	
Married		John A. McGee		535-18-5155	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIREE)		19 KIND OF BUSINESS OR INDUSTRY		20 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	
Homemaker		Own Home		No	
22 RESIDENCE - NUMBER AND STREET		23 CITY, TOWN, OR LOCATION		24 INSIDE CITY LIMITS? (Yes/No)	
1221 Riverside Dr.		Washougal		no	
26 FATHER'S NAME - FIRST, MIDDLE, LAST		27 MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME		28 RACE (Specify)	
Elvin Mellinger		Lou Hughes		White	
30 INFORMANT - NAME		31 MARRIAGE ADDRESS		32 ZIP CODE	
John A. McGee		1221 Riverside Dr.		WA 98671	
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		33 DATE (Mo, Day, Yr)		34 CEMETERY, CREMATORIUM - NAME	
Cremation		7-17-2000		Portland Cremation Center	
36 FURNERAL DIRECTOR SIGNATURE		37 NAME OF FACILITY		38 LOCATION - CITY, TOWN, STATE	
<i>[Signature]</i>		Memorial Gardens Mortuary		Portland, OR	
39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED		40 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
SIGNATURE AND TITLE		41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OFFICIAL DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED			
X <i>[Signature]</i>		SIGNATURE AND TITLE			
42 DATE SIGNED (Mo, Day, Yr)		43 HOUR OF DEATH (24 Hr)		44 DATE SIGNED (Mo, Day, Yr)	
7/17/2000		1615		45 HOUR OF DEATH (24 Hr)	
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If None)		47 HOURS PRIOR TO DEATH (24 Hr)		48 HOURS PRIOR TO DEATH (24 Hr)	
Matthew C. Browns					
49 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (If None)		49 MCCORPUS FILE NUMBER			
Marcus Braun, MD, 8614 E. Mill Plain Blvd., Vancouver, WA 98664					
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <i>Adenocarcinoma of unknown primary site</i>		INTERVAL BETWEEN ONSET AND 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		B. DUE TO, OR AS A CONSEQUENCE OF		10 months	
		C. DUE TO, OR AS A CONSEQUENCE OF			
		D. DUE TO, OR AS A CONSEQUENCE OF			
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE		52 AUTOPSY? (Yes/No)		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)	
Malignant pleural effusion		no		yes	
54 ACC. SUICIDE, HON. UNDER, OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOUR OF INJURY (24 Hr)	
57 INJURY AT WORK? (Yes/No)		58 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		59 DATE OF INJURY OCCURRED	
61 REQUIRED AMENDMENT (Signature and title only)		62 REVIEWED BY		63 DATE RECEIVED (Mo, Day, Yr)	
STEM		DATE		July 20, 2000	
64 REQUIRED AMENDMENT (Signature and title only)		65 REVIEWED BY		66 DATE RECEIVED (Mo, Day, Yr)	
X <i>[Signature]</i>		DATE			

FOR INSTRUCTIONS SEE BACK AND FRONT

THIS CERTIFICATE IS ONE OF THE RECORDS ON FILE WITH THE WASHINGTON STATE DEPARTMENT OF HEALTH. CERTIFIED COPIES MUST BE OBTAINED FROM THE OFFICIAL SEAL.