139659

BOOK 204 PAGE 380
FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY SKAMANIA COUNTY TITLE
Nov 14 4 26 PM '00
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Clark County Title Company, Cascade
217 SE 136th Avenue
Suite 104
Vancouver, WA 98684
69387mlp
Please print or type information

Document Title(s) (or transactions contained therein):

1. **Death Certificate**
2.
3.
4.

Reference Number(s) of Documents:

Grantor(s) (Last name first, then first name and initials)

1. **Heirs and Devisees of DEBRA A. GILLETTE Deceased**
2.
3.
4.
5. ☐ Additional names on page of document.

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

1. **TO THE PUBLIC**
2.
3.
4.
5. ☐ Additional names on page of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
~~**SEE ATTACHED EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.**~~

☐ Additional legal on page of document.

Assessor's Property Tax Parcel/Account Number
2-5-30-0-0-0400-00

☐ Additional 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 provided herein.

~~SBS~~ Vision Form SD01WA Rev. 05/01/97

TYPE OR PRINT IN PERMANENT BLACK INK

33 — LOCAL FILE NUMBER

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CERTIFICATE OF DEATH

146 — STATE FILE NUMBER

1. NAME: Debra Ann GILLETTE
2. SEX: Female
3. DEATH DATE: September 3, 1999
4. AGE LAST BIRTHDAY: 41
7. BIRTHDATE: 3/24/1958
8. BIRTHPLACE: Burlingame, CA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Washougal
12. PLACE OF DEATH: X HOME — 181 Pohl Rd.
13. INSIDE CITY LIMITS?: Yes
14. MARITAL STATUS: Divorced
15. SURVIVING SPOUSE: ------
16. SOCIAL SECURITY NO.: [redacted]
17. DECEDENT'S EDUCATION: College 2
18. USUAL OCCUPATION: E.M.T.
19. KIND OF BUSINESS OR INDUSTRY: Emergency Services
20. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT?: No
21. RACE: White
22. RESIDENCE – NUMBER AND STREET: 181 Pohl Rd.
23. CITY/TOWN OR LOCATION: Washougal
24. INSIDE CITY LIMITS?: No
24A. COUNTY: Skamania
25B. LENGTH OF RESIDENCE: 11 Yrs
26. STATE: WA
27. ZIP CODE: 98671
28. FATHER'S NAME: David Taylor
29. MOTHER'S NAME: Marilyn Songer
30. INFORMANT – NAME: Tim Evans
31. MAILING ADDRESS: 20391 SW Erin Pl., Aloha, OR 97006
32. BURIAL, CREMATION, REMOVAL, OTHER: Burial
33. DATE: 9/8/1999
34. CEMETERY/CREMATORY – NAME: Washougal Memorial Cemetery
35. LOCATION: Washougal, Washington
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: STRAUB'S FUNERAL HOME
38. ADDRESS OF FACILITY: 325 NE 3rd Ave, Camas, Washington 98607

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
41. HOUR OF DEATH
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

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 [signature] County Coroner
44. DATE SIGNED: September 9, 1999
45. HOUR OF DEATH: Undetermined
46. PRONOUNCED DEAD: September 3, 1999
47. HOUR PRONOUNCED DEAD: 1120
48. NAME AND ADDRESS OF CERTIFIER: Bradley Andersen, Coroner P.O. BOX 790, Stevenson, WA 98648
49. ME/CORONER FILE NUMBER: 99-122SK

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

	Cause	Interval between onset and death
a. IMMEDIATE CAUSE	Methadone Intoxication	Undetermined
b. DUE TO OR AS A CONSEQUENCE OF		
c. DUE TO OR AS A CONSEQUENCE OF		
d. DUE TO OR AS A CONSEQUENCE OF		

51. OTHER SIGNIFICANT CONDITIONS: -------
52. AUTOPSY?: Yes
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?: Yes
54. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST: Undetermined
55. INJURY DATE
56. HOUR OF INJURY
57. DESCRIBE HOW INJURY OCCURRED
58. INJURY AT WORK?
59. PLACE OF INJURY
60. LOCATION
61. RECORD AMENDMENT
62. REGISTRAR SIGNATURE: X Karen Steingart, md
63. DATE RECEIVED: 10/4/99

DOH 110-008 (Rev. 7/91)