140484

BOOK 207 PAGE 319

Return Address:

Sheila Box-Lee
392 Baker Rd
Stevenson, WA 98648

FILED FOR RECORD
SKAMANIA CO. WASH
BY Sheila Box-Lee

MAR 2 3 43 PM '01
P Lowry
AUDITOR
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Cert DTD 10-20-2000
2. CPA BK 124/PG 288 And. file # 111657
3.
4.

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

1. Lee, Robert Preston Jr.
2.
3.
4.

[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
21390
MAR 03 2001
PAID exempt
Yvonne Depoth
SKAMANIA COUNTY TREASURER

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

1. Box-Lee, Sheila
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

03-07-25-4-0-0101-00
03-07-25-4-0-0103-00
03-07-25-4-0-0104-00

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713
LOCAL FILE NUMBER

Washington State Department of Health

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CERTIFICATE OF DEATH

146
STATE FILE NUMBER

DECEDENT

1 NAME — First: ROBERT Middle: PRESTON Last: LEE JR.
2 SEX (M/F): MALE
3 DEATH DATE (Mo, Day, Yr): OCTOBER 18, 2000
4 AGE LAST BIRTHDAY (Yrs): 64
5 UNDER 1 YEAR — MOS DAYS
6 UNDER 1 DAY — HOURS MINS
7 BIRTHDATE (Mo, Day, Yr): FEB.2,1936
8 BIRTHPLACE (City or Foreign Country): MIDDLETOWN, OH
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): YES
10 COUNTY OF DEATH: BENTON
11 CITY, TOWN OR LOCATION OF DEATH: Rural Paterson
12 PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP 5 ☐ NUR HOME 6 ☒ OTHER PLACE: Whitcomb Island - 15 Miles East of Paterson
13 SMOKING IN LAST 15 YEARS? (Yes/No): NO
14 MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): MARRIED
15 SURVIVING SPOUSE (If wife give maiden name): SHEILA BOX
16 SOCIAL SECURITY NO: [redacted]
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary Secondary (0-12): ---- College (1-4 or 5+): 4
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): CITY PLANNER
19 KIND OF BUSINESS OR INDUSTRY: City Government
20 WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: NO
21 RACE (Specify): WHITE
22 RESIDENCE — NUMBER AND STREET: 392 BAKER ROAD
23 CITY, TOWN, OR LOCATION: STEVENSON
24 INSIDE CITY LIMITS? (Yes/No): NO
25A COUNTY: SKAMANIA
25B LENGTH OF RES. IN CO: 41 YRS
26 STATE: WASH.
27 ZIP CODE: 98648

PARENTS

28 FATHER'S NAME — FIRST, MIDDLE, LAST: ROBERT PRESTON LEE SR.
29 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: FLORENCE ALICE STARKWEATHER
30 INFORMANT — NAME: SHEILA LEE (WIFE)
31 MAILING ADDRESS — STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: 392 BAKER ROAD STEVENSON, WA 98648

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION
33 DATE (Mo Day Yr): OCT.24, 00
34 CEMETERY/CREMATORY — NAME: WIN-QUATT CREMATORY
35 LOCATION — CITY/TOWN, STATE: THE DALLES, OREGON
36 FUNERAL DIRECTOR SIGNATURE: X Jeremy G. Weber
37 NAME OF FACILITY: ETWAN'S FUNERAL HOME, INC. GARDNER FUNERAL HOME, INC.
38 ADDRESS OF FACILITY: PO BOX 90 RICHLAND, WA 99352 1270 N. MAIN ST. WHITE SALMON, WA 98672

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 (Mo, Day, Yr):
41 HOUR OF DEATH (24 Hrs):
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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 Coroner
44 DATE SIGNED (Mo, Day, Yr): 10-20-00
45 HOUR OF DEATH (24 Hrs): 0500
46 PRONOUNCED DEAD (Mo, Day, Yr): OCTOBER 18, 2000
47 HOUR PRONOUNCED DEAD (24 Hrs): 1945
48 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): FLOYD JOHNSON, BENTON CO. CORONER 1766 FOWLER #D RICHLAND, WA 99352
49 ME/CORONER FILE NUMBER: C-497-00

CAUSE OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in 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.

A MIOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE
DUE TO, OR AS A CONSEQUENCE OF:
B ARTERIOSCLEROTIC DISEASE — INTERVAL BETWEEN ONSET AND DEATH: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
C HYPERTENSION — INTERVAL BETWEEN ONSET AND DEATH: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
D — INTERVAL BETWEEN ONSET AND DEATH:

Gary H. Martin, Skamania County Assessor
Date 3-2-01 Parcel # 03072540010100 0103.00 Hoyt

51 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE
52 AUTOPSY? (Yes/No): NO
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): YES
54 ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
55 INJURY DATE (Mo, Day, Yr)
56 HOUR OF INJURY (24 Hrs)
57 DESCRIBE HOW INJURY OCCURRED
58 INJURY AT WORK? (Yes/No)
59 PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)
60 LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

61 RECORD AMENDMENT (Registrar use only) — ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62 REGISTRAR SIGNATURE: X MD
63 DATE RECEIVED (Mo, Day, Yr): OCT 20 2000

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) DOH 01-003 (5/98)

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