140484

BOOK 207 PAGE 319

Return Address:

Sheila Box-Lee
392 Bakers 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 134/PG 288 Aud. 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
Stevenson Depty
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

03-07-25-4-0-0101-00
[ ] Property Tax Parcel ID is not yet assigned. 03-07-25-4-0-0103-00
[ ] Additional parcel #'s on page _____ of document. 03-07-25-4-0-0104-00

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

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

Local File Number: 713 — District: 0-1

Health

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CERTIFICATE OF DEATH

State File Number: 146

DECEDENT

1. Name (First, Middle, Last): ROBERT PRESTON 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, State 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 Nursing Home, 6 Other Place): X (6) 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

INFORMANT

30. Informant — Name: SHEILA LEE (WIFE)
31. Mailing Address (Street or RFD No, City or Town, State, Zip): 392 BAKER ROAD STEVENSON, WA 98648

DISPOSITION

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 [signature]
37. Name of Facility: ~~EINAN'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

CERTIFIER

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 due to the cause(s) stated. Signature and Title: X [signature], 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. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

	Cause	Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) A	MIOCARDIAL INFARCTION	IMMEDIATE
Due to, or as a consequence of B	ARTERIOSCLEROTIC DISEASE	YEARS
Due to, or as a consequence of C	HYPERTENSION	YEARS
Due to, or as a consequence of D		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

Gary H. Martin, Skamania County Assessor
Date 3-2-01 Parcel # 03072540010100 / 0130 / 010400

51. Other Significant Conditions — Conditions contributing to death but not resulting in the underlying cause given 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 [signature] MD
63. Date Received (Mo, Day, Yr): OCT 20 2000

For instructions see back and handbook — DOH 110-008 (Rev 7/97)