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FILED FOR RECORD
SKAGAMAW CO. WASH
BY *Mary P. Freeman*

Mar 6 11 24 AM '01
P. L. Lavy
AUDITOR
GARY M. OLSON

Document Title(s) or transactions contained therein:

1. CPA - Book 75 Page 585 Auditor's File # 87474 CPA DID 10.23.78
2. Death Cert. 6-24-98
3.
4.

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

1. Freeman, Bob
2.
3.
4.

[] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
21357
MAR 06 2031
PAID exempt
W. J. Wynn, Recorder

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

1. Freeman, Mary P.
2.
3.
4.

[] Additional Names on page _____ of document.

SKAMANIA COUNTY TREASURER

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

Lot C- Blk 3
Gary H. Martin, Skamania County Assessor
Date 3/6/01 2-7-21-1-2-600
Parcel # _____

[] 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

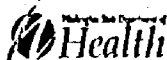
02-07-21-1-2-6600-00

[] Property Tax Parcel ID is not yet assigned.
[] Additional parcel #'s 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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

24

LOCAL FILE NUMBER

OFFICE
USE
ONLY

2

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1 NAME First: Bob Middle: — Last: FREEMAN		2 SEX (M/F) male	3 DEATH DATE (Mo, Day, Yr) June 16, 1998
4 AGE LAST BIRTHDAY (Yr, Mo, Day) 83	5 UNDER 1 YEAR MOS DAYS HRS —	6 UNDER 1 DAY HRS MOS —	7 BIRTH DATE (Mo, Day, Yr) 8/12/1914
8 BIRTH PLACE (City, State or Foreign Country) Missoula, MT		9 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No) No	
10 COUNTY OF DEATH Skamania		11 CITY/TOWN OR LOCATION OF DEATH North Bonneville	
12 PLACE OF DEATH: IF BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 110 Shady Oak Lane		13 SMOKING (PAST 15 YEARS) (Yes/No) No	
14 MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Mary Pauline Richter	
16 SOCIAL SECURITY NO. [REDACTED]		17 DECEASED'S EDUCATION (Specify only highest grade completed) 6th	
18 USUAL OCCUPATION (If kind of work done during most of working life, DO NOT USE RETIRED) Teamster		19 AFD OF BUSINESS OR INDUSTRY Trucking	
20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21 RACE (Specify) White	
22 RESIDENCE - NUMBER AND STREET 110 Shady Oak Lane		23 CITY/TOWN OR LOCATION North Bonneville	24 INSIDE CITY (Yes/No) yes
25A COUNTY Skamania		25B LENGTH OF RES. IN CO. 46	26 STATE WA
27 ZIP CODE 98639		28 FATHER'S NAME - FIRST, MIDDLE, LAST Sherman - Freeman	
29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Ethel - Unknown		30 INFORMANT - NAME Mary Freeman	
31 MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP PO Box 386 North Bonneville, WA 98639		32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
33 DATE (Mo, Day, Yr) 6-20-1998		34 CEMETERY, CREMATORIUM, NAME Wind River Cemetery	
35 LOCATION - CITY/TOWN, STATE Carson, Washington		36 ADDRESS OF FACILITY PO Box 390	
37 NAME OF FACILITY Gardner Funeral Home, Inc.		38 ADDRESS OF FACILITY 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 [Signature]			
40 DATE SIGNED (Mo., Day, Yr.)		41 HOUR OF DEATH (24 Hr.)	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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	
44 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen, Coroner P.O. Box 790 Stevenson, WA 98648		45 SIGNATURE AND TITLE [Signature] County Coroner	
46 DATE SIGNED (Mo., Day, Yr.)		47 HOUR OF DEATH (24 Hr.)	
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)		49 MECCORNER FILE NUMBER 98-100SK	
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (If fatal 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 CORONARY OCCLUSION			
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C DUE TO, OR AS A CONSEQUENCE OF			
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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, HOMICIDE, OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr.)	
56 HOURS OF INJURY (24 Hr.)		57 DESCRIBE INJURY OCCURRED	
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OR OTHER LOCATION. STREET OR RFD NO., CITY/TOWN, STATE	
60 RECORD AMENDMENT (If so, use only)		61 DATE RECEIVED (Mo, Day, Yr.)	
ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62 SIGNATURE OF PHYSICIAN	
63 DATE RECEIVED (Mo, Day, Yr.)		64 DATE RECEIVED (Mo, Day, Yr.)	

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