140509

BOOK 207 PAGE 391

Return Address:

Mary P. Freeman
P O Box 386
North Bonneville, WA 98639

FILED FOR RECORD
SKAMANIA CO. WASH
BY Mary P. Freeman

MAR 6 11 24 AM '01
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AUDITOR
GARY H. OLSON

Please Print or Type Information.

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
21367
MAR 06 2001
PAID Exempt
W/Assr, Deputy
SKAMANIA COUNTY TREASURER

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

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

[ ] Additional Names on page _____ of document.

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 dkl 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

02-07-21-1-2-0600-00

[ ] 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

BOOK 207 PAGE 392

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

24
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

DECEDENT

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 (Yrs): 83
5 UNDER 1 YEAR: MOS / DAYS
6 UNDER 1 DAY: HOURS / MINS
7 BIRTH DATE (Mo, Day, Yr): 8/12/1914
8 BIRTHPLACE (City, State or Foreign Country): Missoula, MT
9 WAS DECEDENT 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 - BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: X (1) HOME (2) IN TRANSPORT (3) ER/EMERG (4) HOSP (5) NURSING HOME (6) OTHER PLACE: 110 Shady Oak Lane
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): Mary Pauline Richter
16 SOCIAL SECURITY (No.): [redacted]
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6th; College (1-4 or 5+):
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Teamster
19 KIND OF BUSINESS OR INDUSTRY: Trucking
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: 110 Shady Oak Lane
23 CITY/TOWN OR LOCATION: North Bonneville
24 INSIDE CITY LIMITS? (Yes / No): yes
25A COUNTY: Skamania
25B LENGTH OF RES IN CO: 46
26 STATE: WA
27 ZIP CODE: 98639

PARENTS

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

DISPOSITION

32 BURIAL/CREMATION/REMOVAL/OTHER (Specify): Burial
33 DATE (Mo, Day, Yr): 6-20-1998
34 CEMETERY/CREMATORY - NAME: Wind River Cemetery
35 LOCATION - CITY/TOWN, STATE: Carson, Washington
36 FUNERAL DIRECTOR SIGNATURE: X K. P. Dunick
37 NAME OF FACILITY: Gardner Funeral Home, Inc.
38 ADDRESS OF FACILITY: PO Box 390 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 WAS DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X Bradley Andersen, County Coroner
44 DATE SIGNED (Mo, Day, Yr): June 22, 1998
45 HOUR OF DEATH (24 Hrs): 1200
46 PRONOUNCED DEAD (Mo, Day, Yr): June 16, 1998
47 HOUR PRONOUNCED DEAD (24 Hrs): 1300
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Bradley Andersen, Coroner P.O. Box 790 Stevenson, WA 98648
49 ME/CORONER FILE NUMBER: 98-100SK

CAUSE OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in death)
A: CORONARY OCCLUSION
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.
DUE TO, OR AS A CONSEQUENCE OF:
B:
DUE TO, OR AS A CONSEQUENCE OF:
C:
DUE TO, OR AS A CONSEQUENCE OF:
D:

INTERVAL BETWEEN ONSET AND DEATH: Minutes

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

51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Prostrate Cancer
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'S SIGNATURE: X
63 DATE RECEIVED (Mo, Day, Yr): 6/24/98

DOH C1-003 (Rev. 6/96)

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