140603

BOOK 207 PAGE 727

FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert M. Morby

MAR 20 11 38 AM '01

AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Robert M. Morby
12161 Cook-Underwood Road
Underwood, Wa. 98651

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Certificate of Death (CPA V 81 page 337)
2.
3.
4.

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

1. Betty J. Morby
2.
3.
4.

☐ Additional Names on Page _____ of Document.

REAL ESTATE EXCISE TAX
21417

MAR 20 2001

PAID Exempt

SKAMANIA COUNTY TREASURER

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

1. Robert M. Morby
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

Portion of NE¼ Section 21, Twnshp 3, Rng 10 EWM

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.

03 10 21 1 0 0300 00

☐ Additional Parcel Numbers 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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Washington State Department of Health

CERTIFICATE OF DEATH

146

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

STATE FILE NUMBER

OFFICE USE ONLY
DISTRICT
COPIES 3
HOSPITAL
OCCURRENCE
RESIDENCE
TRACT
OCCUPATION
ACC. LOC.
DURES

DECEDENT

1. NAME First	Middle	Last	2. SEX (M/F)	3. DEATH DATE (Mo, Day, Yr)
Betty	Jean	MORBY	F	November 13, 2000

4. AGE LAST BIRTH DAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
68			10/28/1932	Web, ID	No	Klickitat

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMER'G R&OUT PTN 4 ☒ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
White Salmon	Skyline Hospital	No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1 to 5+)
Married	Robert M. Morby	[redacted]	8	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Homemaker	Own Home	No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
12161 Cook Underwood	Underwood	No	Skamania	68yrs	WA	98651

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Andrew Abrams	Stella Eatmon

DISPOSITION

30. INFORMANT — NAME	31. MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Robert Morby	12161 Cook Underwood Road	Underwood,	WA	98651

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Burial	11/17/2000	Chris Zada Cemetery	Underwood, Washington

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X	Gardner Funeral Home	POB 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) 11/16/00

41. HOUR OF DEATH (24 Hrs.) 0332

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

44. DATE SIGNED (Mo, Day, Yr)

45. HOUR OF DEATH (24 Hrs.)

46. PRONOUNCED DEAD (Mo, Day, Yr)

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Gregory Zuck, M.D. POB 1519 White Salmon, WA 98672

49. ME/CORONER FILE NUMBER

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.

		Interval between onset and death
A.	Chronic Hypoxia	10 yrs
B.	DUE TO, OR AS A CONSEQUENCE OF:	
C.	DUE TO, OR AS A CONSEQUENCE OF: Gary H. Martin, Skamania County Assessor Date 3-20-01 Parcel #03102110300	
D.	DUE TO, OR AS A CONSEQUENCE OF:	

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE
Bronchitis

52. AUTOPSY? (Yes / No) No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No

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) NOV 16 2000

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTRAL OR LOCAL REGISTRAR. CERTIFIED COPIES MUST BE ISSUED BY THE OFFICIAL CUSTODIAN.