140603

BOOK 207 PAGE 727

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

MAR 20 11 38 AM '01
P Lowry
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.
☐ Additional Parcel Numbers on Page _____ of Document.

03 10 21 1 0 0300 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.

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Washington State Department of Health

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

DECEDENT

1. NAME First: Betty Middle: Jean Last: MORBY
2. SEX (M/F): F
3. DEATH DATE (Mo Day Yr): November 13, 2000
4. AGE LAST BIRTH DAY (Yrs): 68
5. UNDER 1 YEAR MOS DAYS
6. UNDER 1 DAY HOURS MINS
7. BIRTHDATE (Mo Day Yr): 10/28/1932
8. BIRTHPLACE (City State or Foreign Country): Web, ID
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
10. COUNTY OF DEATH: Klickitat
11. CITY, TOWN OR LOCATION OF DEATH: White Salmon
12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG ROUT PTN 4 ☒ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE: Skyline Hospital
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): Robert M. Morby
16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8 College (1 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker
19. KIND OF BUSINESS OR INDUSTRY: Own Home
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: 12161 Cook Underwood
23. CITY/TOWN, OR LOCATION: Underwood
24. INSIDE CITY LIMITS? (Yes/No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO.: 68yrs
26. STATE: WA
27. ZIP CODE: 98651

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST: Andrew Abrams
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Stella Eatmon
30. INFORMANT — NAME: Robert Morby
31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP: 12161 Cook Underwood Road Underwood, WA 98651

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo. Day, Yr): 11/17/2000
34. CEMETERY/CREMATORY — NAME: Chris Zada Cemetery
35. LOCATION — CITY/TOWN, STATE: Underwood, Washington
36. FUNERAL DIRECTOR SIGNATURE: X
37. NAME OF FACILITY: Gardner Funeral Home
38. ADDRESS OF FACILITY: 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)
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Gregory Zuck, M.D. POB 1519 White Salmon, WA 98672

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.)
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.

A. Chronic Hypoxia — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
DUE TO, OR AS A CONSEQUENCE OF:
B. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
C. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
D. — INTERVAL BETWEEN ONSET AND DEATH:

Gary H. Martin, Skamania County Assessor
Date 3-20-01 Parcel #03102110300
SDD

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

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