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FILED FOR RECORD
SKAMANIA CO. WASH.
BY SKAMANIA CO. TI...

JUN 29 1 47 PM '01

AUDITOR
GARY H. OLSON

After Recording Mail to:

SCR 24090

CTC-107256 -BAS

Document Title(s) (or transaction contained therein):
1. **DEATH CERTIFICATE**
2.
3.
4.

Reference Number(s) of Documents assigned or released:

(Additional Reference #'s on page of document(s))

Grantor(s) (Last name first, then first name and initials):
1. **WOOD, ROBERT W.**
2.
3.
4.
5. Additional names on page ___ of document

REAL ESTATE EXCISE TAX
21616
JUN 29 2001
PAID Exempt
Treasurer, Deputy
SKAMANIA COUNTY TREASURER

Grantees(s) (Last name first, then first name and initials):
1. ~~PUBLIC~~ JEWELL, JOY JONES
2.
3.
4.
5. Additional names on page ___ of document

Legal Description (abbreviated: i.e. lot, block, plat or section, township, range):

N 1/2 NE 1/4 NW 1/4 SEC 9 T1N R5E

Additional legal description is on page ___ of document

Gary H. Martin, Skamania County Assessor
Date 6/29/01 Parcel # 1-5-9-300

Assessor's Property Tax Parcel/Account Number:
01-05-09-0-0-0300-00
___ Assessor Tax # not yet assigned

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 provided herein.

cover 11/00

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

DECEDENT

1 NAME — First: Robert — Middle: W. — Last: Wood
2 SEX (M / F): Male
3 DEATH DATE (Mo. Day. Yr.): March 11, 1998
4 AGE LAST BIRTHDAY (Yrs): 88
5 UNDER 1 YEAR — MOS: — DAYS:
6 UNDER 1 DAY — HOURS: — MINS:
7 BIRTHDATE (Mo. Day. Yr.): Aug. 14, 1909
8 BIRTHPLACE (City, State or Foreign Country): Vancouver, WA
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10 COUNTY OF DEATH: Clark
11 CITY, TOWN OR LOCATION OF DEATH: Vancouver
12 PLACE OF DEATH – BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 X HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUTPTS 4 ☐ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE: 503 N.W. 79th Street
13 SMOKING IN LAST 15 YEARS? (Yes / No): No
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
15 SURVIVING SPOUSE (If wife, give maiden name):
16 SOCIAL SECURITY NO: 533-10-2701
17 DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 12 — College (1-4 or 5+):
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Automobile Salesman
19 KIND OF BUSINESS OR INDUSTRY: Sales
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: 503 N.W. 79th Street
23 CITY/TOWN, OR LOCATION: Vancouver
24 INSIDE CITY LIMITS? (Yes / No): Yes
25A COUNTY: Clark
25B LENGTH OF RES IN CO: 88 yrs.
26 STATE: WA
27 ZIP CODE: 98665
28 FATHER'S NAME—FIRST, MIDDLE, LAST: Charles August Wood
29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Jane Alwilda Curdy
30 INFORMANT – NAME: Joy Jones Jewell
31 MAILING ADDRESS — STREET OR RFD NO: 508 N.W. 79th Street, CITY OR TOWN: Vancouver, STATE: Washington, ZIP: 98665
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33 DATE (Mo. Day. Yr.): 3/14/1998
34 CEMETERY/CREMATORY—NAME: Park Hill Cemetery
35 LOCATION—CITY/TOWN, STATE: Vancouver, Washington
36 FUNERAL DIRECTOR SIGNATURE: X [signature]
37 NAME OF FACILITY: Evergreen Staples Funeral Chapel
38 ADDRESS OF FACILITY: 4700 St. Johns Road, Vancouver, Washington 98661

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 [signature]
40 DATE SIGNED (Mo. Day. Yr.): March 12, 1998
41 HOUR OF DEATH (24 Hrs.): 1250
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): Dr. Daniel C. Highkin M.D., 700 N.E. 87th Avenue, Vancouver, WA 98664
49 MEDICORONER FILE NUMBER:

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

IMMEDIATE CAUSE (Final disease or condition resulting in death):
A Probable myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO, OR AS A CONSEQUENCE OF:
B Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: Years
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:

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.

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: — SUPPLEMENT/EXHIBIT: — REVIEWED BY: — DATE:
63 DATE RECEIVED (Mo. Day. Yr.): MAR 1 3 1998

[signature], Asst. Registrar, mad

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DEMS 9-150)

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DOH 01-003 (5-99)