

142604

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RETURN ADDRESS:

Catherine S. Craig  
P.O. Box 98  
No. Bonneville, WA 98639

FILED  
SMITH COUNTY WASH  
By Catherine Craig  
Oct 15 2 57 PM '01  
AUDITOR  
GARY M. OLSON

Registered   
Recorded   
Indexed   
Filed   
Classified

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. Craig, Lee A., Jr.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Additional Names on Page \_\_\_\_\_ of Document.

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

1. Craig, Catherine S.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Additional Names on Page \_\_\_\_\_ of Document.

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

Lot 5 Block 2 Plat of relocated North Bonneville

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. 02-07-30-1-1-2400

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.

000856

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

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TYPE OR PRINT IN PERMANENT BLACK INK

26

LOCAL FILE NUMBER

Health  
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME Lee Austin Craig, Jr.		2 SEX (M/F)	M	3 DEATH DATE (Mo, Day, Yr)	August 4, 2000
4 AGE LAST BIRTH DAY (Yrs)	5 YEARS YEAR	6 YEARS DAY	7 BIRTH DATE (Mo, Day, Yr)	8 BIRTH PLACE (City, State or Foreign Country)	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)
75	75	00	6/21/1925	Dixon, Illinois	Yes
11 CITY, TOWN OR LOCATION OF DEATH		12 PLACE OF DEATH (SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME)		13 SKIPPED AT LAST 15 YEARS? (Yes/No)	
North Bonneville		205 Far West Drive		No	
14 MARITAL STATUS (Never Married, Widowed, Divorced, (Specify))		15 SURVIVING SPOUSE (Name and maiden name)		16 SOCIAL SECURITY NO.	
Divorced					
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 or Latin descent? (Ancestry) (Specify)	
Physician		Family Practice		No	
22 RESIDENCE - NUMBER AND STREET		23 CITY/TOWN OR LOCATION		24 RACE (Specify)	
205 Far West Drive		North Bonneville		White	
28 FATHER'S NAME - FIRST, MIDDLE, LAST		29 MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME		21 PLACE (Specify)	
Lee Austin Craig, Sr.		Roxa Belle Blackmore		27 ZIP CODE	
30 DECEASED - NAME		31 MAILING ADDRESS (STREET OR P.O. NO.)		25 STATE	
Catherine Sue Craig		205 Far West Dr. North Bonneville, WA		98639	
32 BURIAL CREMATION (Burial, Other (Specify))		34 CEMETERY/CREMATORY NAME		35 LOCATION - CITY/TOWN/STATE	
Burial		Stevenson Cemetery		Stevenson, Washington	
33 DATE (Mo, Day, Yr)		37 NAME OF FACILITY		36 ADDRESS OF FACILITY	
8/8/2000		Gardner Funeral Home		POB 390 White Salmon, WA 98672	
38 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED			39 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION I FIND DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED		
SIGNATURE AND TITLE X			SIGNATURE AND TITLE County Coroner		
40 DATE SIGNED (Mo, Day, Yr)			44 DATE SIGNED (Mo, Day, Yr)		
August 9, 2000			August 4, 2000		
42 NAME AND TITLE OF ATTENDING PHYSICIAN (Type or Print)			45 HOUR OF DEATH (24 Hr)		
Bradley Andersen, Coroner POB 790 Stevenson, WA 98648			1925		
43 HECORONER FILE NUMBER			47 HOUR PROFOUNDED DEAD		
2000-149SK			1935		
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A Stroke		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. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		REAL ESTATE EXCISE TAX		Minutes	
		DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
		21839		INTERVAL BETWEEN ONSET AND DEATH	
		OCT 15 2001		INTERVAL BETWEEN ONSET AND DEATH	
		PAID		INTERVAL BETWEEN ONSET AND DEATH	
		Cg deputy		INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT BEING CAUSES					
SKAMANIA COUNTY TREASURER					
54 ACC SUICIDE, HON. UNDET. OR PENDING INVEST (Specify)		55 INJURY DATE (Mo, Day, Yr)		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)	
NATURAL				Yes	
58 INJURY AT WORK? (Yes/No)		56 HOUR OF DEATH (24 Hr)		57 DEGREE OF INJURY OCCURRED	
				2-7-36-1-1-1400	
59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60 LOCATION - STREET, P.O. NO., CITY/TOWN, STATE		10-15-01	
				5th-1	
61 RECORD AMENDMENT (Registrar use only)		62 REGISTRAR SIGNATURE		63 DATE RECEIVED (Mo, Day, Yr)	
				08/10/00	

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Lot 5, Block 2, PLAT OF RELOCATED NORTH BONNEVILLE,  
according to the plat recorded in Book B, Page 8, Auditors File  
No. 83466 and re-recorded in Book B, page 24, Auditors  
File No. 84429, Skamania County Plat Records.

5 Is this property currently:

000858