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BOOK 216 PAGE 900

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

Nov 15 1 35 PM '01
Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Shonna Taylor

Address PO Box 655

City/State Stevenson, WA 98648

SCR 24385

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

First American Title Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)
1. Taylor, Gerald Ramon
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
21899
NOV 15 2001
PAID Exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Taylor, Shonna
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lot 7, Columbia Heights, according to the official plat thereof, on file and of record at Page 136, Book A of Plats, in the County of Skamania State of Washington.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-4-1-0900-00
3-8-29-4-1-900
11-15-01

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

BOOK 216 PAGE 901

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

25
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME First	Middle	Last	2. SEX	3. DEATH DATE (Mo., Day, Yr.)
Gerald	Ramon	TAYLOR	M	July 18, 2000

4. AGE LAST BIRTHDAY (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
62			4/16/1938	McFarland, CA	Yes	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH – ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Carson	1 ☒ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. MEDICAL FAC 4 ☐ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE 111 Allen St.	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 (1-4 or 5+)
Married	Shonna Sue Nielson	[redacted]	11	

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? (Answer yes or no. If yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Sheet Metal Worker	Manufacturing	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
111 Allen St.	Carson	NO	Skamania	18 yrs	WA	98610

28. FATHER'S NAME – FIRST, MIDDLE, LAST	29. MOTHER'S NAME – FIRST, MIDDLE, MAIDEN SURNAME
Gerald R. Taylor	Lula E. Meyer

30. INFORMANT – NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Shonna Taylor	PO Box 455	Carson,	WA	98610

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo., Day, Yr.)	34. CEMETERY/CREMATORY – NAME	35. LOCATION – CITY/TOWN, STATE
Cremation	7/20/2000	Win-quatt Crematory	The Dalles, OR

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Gardner Funeral Home	POB 390 White Salmon, WA 98672

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 [signature], County Coroner

44. DATE SIGNED (Mo., Day, Yr.) July 21, 2000

45. HOUR OF DEATH (24 Hrs.) 0814

46. PRONOUNCED DEAD (Mo., Day, Yr.) July 18, 2000

47. HOUR PRONOUNCED DEAD (24 Hrs.) 0900

48. NAME AND ADDRESS OF CERTIFIER – PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Bradley Andersen, Coroner POB 790 Stevenson, WA 98648

49. ME/CORONER FILE NUMBER 2000-148SK.

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.	PANCREATIC CANCER	Months
DUE TO, OR AS A CONSEQUENCE OF:		
B.		
DUE TO, OR AS A CONSEQUENCE OF:		
C.		
DUE TO, OR AS A CONSEQUENCE OF:		
D.		

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
Natural			

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 | SECONDARY EVIDENCE | REVIEWED BY | DATE

62. REGISTRAR'S SIGNATURE
X [signature] Interim, MD

63. DATE RECEIVED (Mo., Day, Yr.) 7/24/00

DOH 01-003 (5/9

THIS IS A CERTIFIED COPY OF THE PERMANENT RECORD FILED WITH THE STATE REGISTRAR OF VITAL STATISTICS. NO OTHER COPY IS AN OFFICIAL DOCUMENT.