144466

BOOK 223 PAGE 489

RETURN ADDRESS:

Shirley A. VanCamp
PO Box 293
Stevenson, WA 98648

FILED FOR RECORD IN SKAMANIA COUNTY, WASH
BY Shirley VanCamp
APR 26 9 02 AM '02
Lawry
AUDITOR

J. MICHAEL GARVISON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. CPA Book 80 Page 966
2. Death Certificate 4-16-2001
3. _____
4. _____

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

1. VanCamp Duane F.
2. _____
3. _____
4. _____

☐ Additional Names on Page _____ of Document.

REAL ESTATE EXCISE TAX
22218
APR 26 2002
PAID exempt
SKAMANIA COUNTY TREASURER

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

1. VanCamp Shirley A.
2. _____
3. _____
4. _____

☐ Additional Names on Page _____ of Document.

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

A tract of land located in lot 5 of Stev. Park Add.
See Exhibit A

☐ 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.

03-07-36-1-4-0490-00
4-26-02

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

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2001-1005
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

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146
STATE FILE NUMBER

DECEDENT

Field	Entry
1. Name (First, Middle, Last)	Duane Franklin VANCAMP
2. Sex (M/F)	M
3. Death Date (Mo, Day, Yr)	April 13, 2001
4. Age Last Birthday (Yrs)	70
5. Under 1 Year (Mos, Days)	
6. Under 1 Day (Hours, Mins)	
7. Birthdate (Mo, Day, Yr)	8/7/1930
8. Birthplace (City, State or Foreign Country)	Amboy, WA
9. Was Decedent Ever in U.S. Armed Forces? (Yes/No)	Yes
10. County of Death	Klickitat
11. City, Town, or Location of Death	White Salmon
12. Place of Death / Facility Name	Skyline Hospital
13. Smoking in Last 15 Years? (Yes/No)	No
14. Marital Status	Married
15. Surviving Spouse (If wife, give maiden name)	Shirley A. White
16. Social Security No.	531-28-5856
17. Decedent's Education (Elementary/Secondary (0-12); College (1-4 or 5+))	12
18. Usual Occupation	Tugboat Captain
19. Kind of Business or Industry	Tugboat
20. Was Decedent of Hispanic Origin or Descent? (Yes/No) Specify	No
21. Race (Specify)	White
22. Residence — Number and Street	101 Gale St.
23. City, Town, or Location	Stevenson
24. Inside City Limits? (Yes/No)	No
25A. County	Skamania
25B. Length of Res in Co	65 yrs
26. State	WA
27. Zip Code	98648

PARENTS

Field	Entry
28. Father's Name — First, Middle, Last	Glen VanCamp
29. Mother's Name — First, Middle, Maiden Surname	Marie Roley
30. Informant — Name	Shirley A. VanCamp
31. Mailing Address (Street or RFD No, City or Town, State, Zip)	101 Gale St. Stevenson, WA 98648

DISPOSITION

Field	Entry
32. Burial, Cremation, Removal, Other (Specify)	Cremation
33. Date (Mo, Day, Yr)	04/12/2001
34. Cemetery/Crematory — Name	Win-quatt Crematory
35. Location — City/Town, State	The Dalles, Oregon
36. Funeral Director Signature	X [signature]
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 [signature] Smith MD

40. Date Signed (Mo, Day, Yr): April 16, 2001

41. Hour of Death (24 Hrs): 2024

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): Russell M. Smith, M.D. 211 Skyline Dr. White Salmon, WA 98672

49. ME/Coroner File Number:

CAUSE OF DEATH

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

	Cause	Interval Between Onset and Death
A. Immediate cause	CARDIAC DYSRHYTHMIA	
B. Due to, or as a consequence of	ISCHEMIC HEART DISEASE	
C. Due to, or as a consequence of		
D. Due to, or as a consequence of		

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): 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 [signature] MD

63. Date Received (Mo, Day, Yr): APR 16 2001

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER

STATE OFFICE USE ONLY	STATE OFFICE USE ONLY
The record of Birth ☐ Marriage ☐ Death ☐ Dissolution ☐ with	1 STATE FILE NUMBER: BOOK 223 for PAGE 491
2 NAME	3 DATE OF EVENT / 4 PLACE OF EVENT (City and County)
5 FATHER'S FULL NAME (If Birth) / HUSBAND (If Marriage/Dissolution)	6 MOTHER'S FULL MAIDEN NAME (If Birth) / WIFE (If Marriage/Dissolution)

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS

THE RECORD NOW SHOWS:	THE TRUE FACT IS
7.	8
9	10
11	12
13	14

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY: 15

PHONE NUMBER _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

16 SIGNATURE	17 DATE	18 ADDRESS

DOH 110-ECT (Rev. 8/96)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. If a certificate must be retyped within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. **All changes must be established by documentary proof submitted with the affidavit.**
2. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if the issue is effective date)
Insurance Records	Your Child's Birth Record	Passport

6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
8. **This affidavit cannot be used to add a father to a birth certificate.**

Death Certificates

1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

This is a legal document.
Complete in ink and do not alter.

CERTIFIED
APR 23 2001
Larry D. Jeona, M.D.
Klickitat County Health Department

FF147348

BOOK 223 PAGE 492

Exhibit "A"

A tract of land located in Lot 5 of STEVENSON PARK ADDITION according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington in Book A Page 38 and more particularly described as follows:

Beginning at a point on the north line of the said Lot 5 distant 433.92 feet from the northeast corner thereof; thence west along the north line of the said Lot 5 to a point 120 feet east of the southeast corner of Lot 6 of said Stevenson Park Addition; thence south to the center of Kanaka Creek; thence in a southerly direction following the center line of said Kanaka Creek to intersection thereof with the south line of said Lot 5; thence east along the south line of said Lot 5 to a point south 10° 21' east a distance of 152.47 feet from the point of beginning; thence north 10° 21' west 152.47 feet to the point of beginning: