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BOOK 226 PAGE 118

FILED FOR RECORD
SKAMANIA COUNTY, WASH.
BY Reese Baffney Schrag et al
JUL 3 3 11 PM '02
P Lowry
AUDITOR

J. MICHAEL GARVISON

AFTER RECORDING MAIL TO:

John M. Reese
Name Reese, Baffney, Schrag & Frol, P.S.
Address 216 South Palouse Street
City/State Walla Walla, WA 99362

Document Title(s): (or transactions contained therein)
1. Arch Myron Sams Certificate of Death
2.
3.
4.

First American Title Insurance Company

this space for title company use only

Reference Number(s) of Documents assigned or released:
State File #4270
Local File #2-D
☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)
Deceased:
1. Sams, Arch Myron
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
22345
JUL - 2 2002
PAID Exempt
by deputy
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
Informant:
1. Sams, Dorothy A.
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)

N/A

Gary H. Martin, Skamania County Assessor
Date 7/2/02 Parcel # 2-6-34-1-4-5802

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

N/A

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.*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 226 PAGE 119

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

D-2 LOCAL FILE NUMBER 2-D

STATE FILE NUMBER 4270

DECEASED

1 DECEASED — NAME (FIRST, MIDDLE, LAST): ARCH MYRON SAMS
2 SEX: Male
3 DATE OF DEATH (MONTH, DAY, YEAR): February 11, 1970
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a AGE — LAST BIRTHDAY (YEARS): 70
5b UNDER 1 YEAR — MOS. / DAYS:
5c UNDER 1 DAY — HOURS / MIN.:
6 DATE OF BIRTH (MONTH, DAY, YEAR): May 20 1899
7a COUNTY OF DEATH: Skamania
7b CITY, TOWN, OR LOCATION OF DEATH: Stevenson
7c INSIDE CITY LIMITS (SPECIFY YES OR NO): No
7d HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Stevenson Co-Ply, 1 mi. West of Stevenson, Wn.
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon
9 CITIZEN OF WHAT COUNTRY: United States
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Dorothy A. Jones
12 SOCIAL SECURITY NUMBER: 533-20-2329
13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Commercial Fisherman
13b KIND OF BUSINESS OR INDUSTRY: Fishing Industry
14a RESIDENCE — STATE: Wash.
14b COUNTY: Skamania
14c CITY, TOWN, OR LOCATION: Skamania
14d INSIDE CITY LIMITS (SPECIFY YES OR NO): No
14e STREET AND NUMBER: P. O. Box 410

PARENTS

15 FATHER — NAME (FIRST, MIDDLE, LAST): William - - - Sams
16 MOTHER — MAIDEN NAME (FIRST, MIDDLE, LAST): Cora - - - Bachoven

17a INFORMANT — NAME: Dorothy A. Sams
17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Skamania, Washington 98646

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

18 IMMEDIATE CAUSE (a): Probable Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Instant
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: (b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):
19 AUTOPSY (YES OR NO): No
IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: ----

20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b DATE OF INJURY (MONTH, DAY, YEAR):
20c HOUR:
20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e INJURY AT WORK (SPECIFY YES OR NO):
20f PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)):
20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): TO (MONTH, DAY, YEAR)
21b
21c AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR):
21d I DID/DID NOT VIEW THE BODY AFTER DEATH.
21e DEATH OCCURRED (HOUR): AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
MAR 3 1970
22a CERTIFICATION — CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: 9:30 A.M.
22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR): February 11, 1970 HOUR: 10:10 A.M.
23a CERTIFIER — NAME (TYPE OR PRINT): Robert K. Leick
23b SIGNATURE: Robert K. Leick
23c DEGREE OR TITLE: Coroner
23d DATE SIGNED (MONTH, DAY, YEAR): February 13, '70
23e MAILING ADDRESS — CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Courthouse Building, Stevenson, Washington 98648

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b CEMETERY OR CREMATORY — NAME: Washougal Cemetery
24c LOCATION (CITY OR TOWN, STATE): Washougal, Washington
24d DATE (MONTH, DAY, YEAR): Feb 14 1970
24e FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Swank Memorial Chapel 325 NE 3rd Ave Camas Wash 98607
25a FUNERAL DIRECTOR — SIGNATURE: Jacob Straub
26a REGISTRAR — SIGNATURE: Dorothy A. Champagne Deputy
26b DATE RECEIVED BY LOCAL REGISTRAR: February 13, 1970

2-C-34-1-4-582
#1 7/2/02

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.