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FILED IN RECORD
SPRINGFIELD
BY SKAMANA CO. TITLE

Jan 17 10 56 AM '03

W. L. Loring
J. M. Loring

Name Carlie Holmes
Address 806 SE 122nd Court
City/State Vancouver, WA 98683

5CR 25316

1. Death Certificate

2.

3.

1

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. Holmes, Maynard Frederick

2.

3.

4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Holmes, Carlie M.

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)

A tract of land in the Northwest Quarter of Section 21, Township 3 North, Range 8 East of the Willamette Meridian in the County of Skamania, State of Washington, described as follows:

Lot 3 of the Spencer Garwood Short Plat, recorded in Book 3 of Short Plats, Page 47, Skamania County Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-21-2-0-0703-00

Gary H. Martin, Skamania County Assessor

WA-1 Date 1-17-03 Parcel # 3-8-2i-2-703
251m

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

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06

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME Maynard Frederick HOLMES		2 SEX (M/F) M		3 DEATH DATE (Mo Day Yr) January 16, 2001	
4 AGE LAST BIRTHDAY (Yr) 78	5 UNDER 1 YEAR MOS DAYS HOURS MINS 1	6 UNDER 1 DAY HOURS MINS 1	7 BIRTH DATE (Mo Day Yr) 4/1/1922	8 BIRTH PLACE (City State or Foreign Country) Grandview, ND	9 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No) Yes
11 CITY, TOWN OR LOCATION OF DEATH Carson		12 PLACE OF DEATH (SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 12 Callahan Lane		13 SMOKE (PAST 15 YEARS) (Yes/No) No	
14 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Married		15 SURVIVOR'S SIGNATURE (If wife give maiden name) Carlie M. Kapp		16 SOCIAL SECURITY NO. 501-07-0791	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logger		19 RATIO OF BUSINESS OR INDUSTRY Timber		17 DECEASED'S EDUCATION (Specify only highest grade completed) 12	
22 RESIDENCE—NUMBER AND STREET 12 Callahan Ln		23 CITY, TOWN OR LOCATION Carson		24 RACE (Specify) White	
25 FATHER'S NAME—FIRST, MIDDLE, LAST Frederick Holmes		26 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mac Heath		27 ZIP CODE 98610	
30 INFORMANT—NAME Carlie Holmes		31 MAILING ADDRESS P.O. Box 846		32 ADDRESS OF FACILITY White Salmon, WA 98672	
33 DATE (Mo Day Yr) 01/17/01		34 CENTER/CREMATORY NAME Win-quatt Crematory		35 LOCATION—CITY, TOWN, STATE The Dalles, OR	
36 EXEMPT FROM AUTOPSY (Specify) X		37 NAME OF FACILITY GARDNER FUNERAL HOME, INC		38 ADDRESS OF FACILITY POB 390	
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) 01-18-01		
41 HOUR OF DEATH (24 Hrs) 2330			42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Paul Hamada, MD 1784 May Hood River, OR 97031		
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) 01-18-01		
45 HOUR OF DEATH (24 Hrs) 2330			46 HOUR PRONOUNCED DEAD (24 Hrs) 2330		
47 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Paul Hamada, MD 1784 May Hood River, OR 97031			48 MEDICAL EXAMINER FILE NUMBER		
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.		A APERIOCARLARIA, ASLENDIA COLON		INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS	
		B		INTERVAL BETWEEN ONSET AND DEATH	
		C		INTERVAL BETWEEN ONSET AND DEATH	
		D		INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					
54 ACC. SUICIDE FROM UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo Day Yr)		56 HOURS OF INJURY OCCURRED	
58 INJURY AT WORK? (Yes/No) NO		59 PLACE OF INJURY—AT HOME, FARM, STREET, BLDG ETC. (Specify)		60 CITY, TOWN OR LOCATION OF INJURY	
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE		62 REVIEWED BY X		63 DATE RECEIVED (Mo Day Yr) 01/19/01	



RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST BE MADE TO THE OFFICE OF THE RECORDER.