149006

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SKAMANIA CO. TITLE

JUN 9 2:31 PM '03

PLowry

AFTER RECORDING MAIL TO:

Name Virginia Browne

Address 1234 W. St. George Ave.

City/State Ridgecrest, CA 93555

SCR 23846

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

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

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

REAL ESTATE EXCISE TAX

23036

JUN - 9 2003

PAID Exempt

K. Depatie

SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Browne, Virginia
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)
The Southeast Quarter of the Northeast Quarter of Section 3, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.
Together with an easement for access in the Southwest Quarter of the Northeast Quarter of Section 3 Called CCC Road as disclosed by instrument recorded in Book 31, Page 310; also recorded in Book 43, Page 178A.
☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 01-05-03-0-0-0600-00

Gary H. Martin, Skamania County Assessor

Date 6-7-03 Parcel # 1-5-3-600

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.*

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER: 3 1994 15

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS. VS 11 (REV. 7-93)

LOCAL REGISTRATION NUMBER

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DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Henry	Nelson	Browne

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
02/16/1923	71			Male	08/07/1994	1218

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION — YEARS COMPLETED
VT	009-10-9494	19 44 TO 19 46 ☐ NONE	Married	18

14. RACE	15. HISPANIC — SPECIFY	16. USUAL EMPLOYER
White	☐ YES ☒ NO	Naval Weapons Center

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Mathematician	Civil Service	35

USUAL RESIDENCE

20. RESIDENCE — STREET AND NUMBER OR LOCATION				
1234 W. St. George Street				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
Ridgecrest	Kern	93555	39	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Virginia A. Browne (Wife)	1234 W. St. George St., Ridgecrest, CA 93555

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Virginia	A.	Valukonis	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
Henry	N.	Browne	VT
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
Lorraine	C.	Loranger	VT

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
08/12/1994	1234 W. St. George Street; Ridgecrest, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/RES	▶ Not Embalmed	-
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR**
Holland & Lyons Mortuary	F-1184	▶ B. Jinadu, M.D.

47. DATE MM/DD/CCYY: 08/12/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
Beverly Manor Conv.Hospital	☐ IP ☐ ER/OP ☐ DOA	☒ CONV. HOSP. ☐ RES. ☐ OTHER	Kern
105. STREET ADDRESS — STREET AND NUMBER OR LOCATION			**106. CITY**
1131 N. China Lake Blvd.			Ridgecrest

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cardiopulmonary Arrest	4 min
DUE TO	(B) Pneumonia	2 wks
DUE TO	(C) Compromised Airway Reflexes	2 mo
DUE TO	(D) Severe Degenerative CNS disorder	2 yrs

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER

109. AUTOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☒ YES ☐ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
11/20/1987	08/05/1994

115. SIGNATURE AND TITLE OF CERTIFIER ▶

116. LICENSE NO.	117. DATE MM/DD/CCYY
G-50371	08/11/1994

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: 1111 N. China Lake Blvd. Dr. Lawrence N. Cosner, Jr., M.D. Ridgecrest, CA 93555

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

RECORDER'S NOTE: NOT AN ORIGINAL DOCUMENT

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

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THIS IS TO CERTIFY THAT THIS IS
A TRUE COPY OF THE DOCUMENT ON FILE
AT THE LOCAL REGISTRAR VITAL STATISTICS,
KERN COUNTY HEALTH DEPARTMENT
1700 FLOWER STREET
BAKERSFIELD, CA. 93305

DATE ISSUED: AUG 12 1994

BABATUNDE JINADU, M.D., M.P.H.
LOCAL REGISTRAR OF VITAL STATISTICS