150209 BOOK 249 PAGE 996

SKAMANIA CO. TITLE

Sep 11 [illegible]
D. Germann
[illegible]

AFTER RECORDING RETURN TO:

Name: LAWRENCE STACE
Address: PO BOX 427
City/State: AJO AZ 85321
SCR- 2605-2

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

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

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

REAL ESTATE EXCISE TAX
23269
SEP 11 2003
PAID Exempt
Lg deputy
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter

☐ Complete legal description is on page _____ of document

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

03-08-17-3-0-1802-00 AND 03-08-17-3-0-1900-00

CERTIFICATION OF VITAL RECORD

BOOK 249 PAGE 997

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO D 102-

AKA

DECEDENT

Field	Entry
Name of Deceased (First / Middle / Last)	SHARON STACE
Sex	FEMALE
Date of Death	MARCH 15, 2003
Race	White
Was decedent of Hispanic origin?	No
Was deceased ever in U.S. Armed Forces?	No
Place of Death – County	Pinal
Town or City	Casa Grande
Hospital or Institution	Casa Grande Regional Med. Ctr.
Date of Birth	November 23, 1943
Age (years last birthday)	59
Married, Never Married, Widowed, Divorced	Married
Surviving Spouse	Lawrence Stace
State and City of Birth	Oregon, Prairie City
Citizen of what country	USA
Social Security No	[redacted]
Usual Occupation	Health Caregiver
Kind of Business or Industry	County Health
Residence – State	Arizona
County	Pima
Town or City	Ajo
Zip Code	85321
How long in Arizona	2½ Years
Street Address	1169 A W Walker Rd
Inside City Limits	Yes
On Reservation	No
Previous State of Residence	Washington
Education – College	2

PARENTS

Field	Entry
Father's Name	George A. Dougharity
Mother's Maiden Name	Lucille Elizabeth Justice
Informant's Signature	Lawrence Stace
Relationship to Deceased	Husband
Address	1169 A W Walker Rd Ajo, Arizona 85321

DISPOSITION

Field	Entry
Burial, Cremation, Removal, Other	Cremation
Date	3-18-03
Cemetery or Crematory – Name, Location	Serenity Crematory Phoenix, AZ
Embalmer's Signature	[signature]
Cert No	1162
Funeral Home / Street Address / City and State	Douglass Funeral Home 11 Pajaro Ajo, Arizona
Funeral Director Signature	[signature]
Cert No	1026

CERTIFIER

Field	Entry
Signature and Title	[signature] MD
Date Signed	3/17/03
Hour of Death	0720
Name and Address of Certifier	Jean Letarte MD 1041 N. Arizola Rd Casa Grande, AZ
Authorized for Cremation	Yes
Date Registered	3/26/03
Reg. File No	199
Registrar's Signature	[signature] deputy
Reg. District	1161

CAUSE OF DEATH

Field	Entry
Part I, a. Immediate Cause	Metastatic Cervical Carcinoma
Approximate interval between onset and death	Months
b. Due to or as a consequence of	
c. Due to or as a consequence of	
Part II. Other significant conditions	Renal Failure
Autopsy	No
Was case referred to Medical Examiner	Yes

MEDICAL EXAMINER

FOR STATE REGISTRAR USE

REV 1-90

54439

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA } ss
COUNTY OF PINAL

DATE ISSUED MAR 26 2003

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Issued under the authority of A.R.S. 36-341 and by direction of

[signature]
SUSANNE W. STRAUSSNER
REGISTRAR
PINAL COUNTY
DIVISION OF PUBLIC HEALTH

This copy not valid unless prepared on engraved border displaying county seal and the raised seal of issuing agency.

THE SEAL OF PINAL COUNTY ARIZONA 1875

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

001464