

Doc # 2004152810
Page 1 of 2
Date: 05/03/2004 02:04P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

AFTER RECORDING MAIL TO:

Name Mable Heard
Address 2880 E Hoquiam Road
City/State Hoquiam, WA 98550
SCTC 26689

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH
- 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. RONALD JO HEARD
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. MABLE HEARD
- 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)
Beginning at a point 170 feet North and 30 feet East of the Southwest corner of the Southeast Quarter of the Southeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington; thence North 259 feet; thence East 209 feet; thence South 259 feet; thence West 209 feet to the point of beginning.

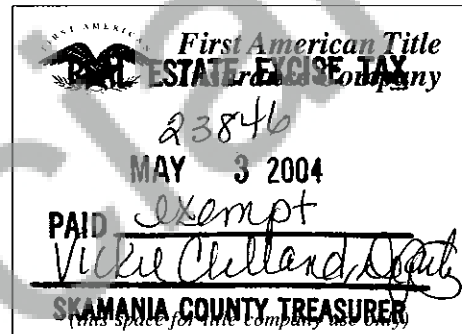
☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-20-4-4-2000-00

Gary H. Martin, Skamania County Assessor

WA-1 Date 5-3-04 Parcel # 3-8-20-4-4-2000
-84m

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

TYPE OR PRINT IN PERMANENT BLACK INK

5

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First: Ronald Middle: Jo Last: HEARD				2 SEX (M / F) Male		3 DEATH DATE (Mo, Day, Yr) March 17, 2003	
4 AGE LAST BIRTHDAY (Yrs) 57		5 UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7 BIRTHDATE (Mo, Day, Yr) 11/3/1945		8 BIRTHPLACE (City, State or Foreign Country) Portland, Oregon	
11 CITY, TOWN OR LOCATION OF DEATH Carson		12 PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 1022 Wind River Highway				13 SMOKING IN LAST 15 YEARS? (Yes / No) No	
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Mable Ann Sellers		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 5+) 1	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Store Owner		19 KIND OF BUSINESS OR INDUSTRY Antique Store		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21 RACE (Specify) White	
22 RESIDENCE—NUMBER AND STREET 1022 Wind River Highway		23 CITY/TOWN OR LOCATION Carson		24 INSIDE CITY LIMITS? (Yes / No) No		25A COUNTY Skamania	
25B LENGTH OF RES. IN CO. 11 yrs		25C STATE WA		26 ZIP CODE 98610			
28 FATHER'S NAME—FIRST, MIDDLE, LAST Leroy Heard				29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Dora Benson			
30 INFORMANT—NAME Mable Heard		31 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP P.O. Box 1079 Carson, WA 98610					
32 BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33 DATE (Mo, Day, Yr) 3/19/2003		34 CEMETERY/CREMATORY—NAME Columbia River Crematory		35 LOCATION—CITY/TOWN, STATE White Salmon, Washington	
36 FUNERAL DIRECTOR SIGNATURE X [Signature]		37 NAME OF FACILITY Gardner Funeral Home		38 ADDRESS OF FACILITY POB 390 White Salmon, WA 98672			
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], County 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 [Signature], County Coroner			
40 DATE SIGNED (Mo., Day, Yr) March 18, 2003		41 HOUR OF DEATH (24 Hrs.) 0400		44 DATE SIGNED (Mo., Day, Yr) March 17, 2003		45 HOUR OF DEATH (24 Hrs.) 0500	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Peter S. Banks, Coroner, POB 790 Stevenson, WA 98648				46 PRONOUNCED DEAD (Mo., Day, Yr) March 17, 2003		47 HOUR PRONOUNCED DEAD (24 Hrs.) 0500	
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Peter S. Banks, Coroner, POB 790 Stevenson, WA 98648				49 ME/CORONER FILE NUMBER 2003-202SK			
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 HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE				INTERVAL BETWEEN ONSET AND DEATH Weeks	
		B DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Diabetes Mellitus and Obesity				52 AUTOPSY? (Yes / No) Yes		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54 ACC SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify) Natural Causes		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]		63 DATE RECEIVED (Mo, Day, Yr) 3/20/03			

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