

RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:

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Date: 08/27/2004 02:18P
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Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON *Garv*
AUDITOR
Fee: \$0.00

DOCUMENT TITLE:

1. Death Certificate

GRANTOR:

1. Mary Helen Harding Hanken
2. Mary H. Hanken

REAL ESTATE EXCISE TAX

24191
AUG 27 2004

PAID *exempt*
Vicki Chelland
SKAMANIA COUNTY TREASURER

GRANTEE:

1. Remigius G. Hanken, Successor Trustee of the Hanken Family Trust

LEGAL DESCRIPTION

Lot-Unit: 8 Block: Volume: Page: 136 of Book "A" of Plats
Section: Township: Range:
Plat Name: Columbia Heights

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER: 03 08 2941 1200 00

Gary H. Martin, Skamania County Assessor

Date 8-27-04 Parcel # 3-8-29-4-1-1200

G. Martin

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D-2		20		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any)						2. Death Date	
First: Mary Middle: Helen LAST: HANKEN Suffix:						06/02/2004	
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		5. Social Security Number	
Female		79		Months Days		[REDACTED]	
6. County of Death		7. Birthdate					
Skamania		8a. Birthplace (City, Town, or County) Oceanside 8b. (State or Foreign Country) California 9. Decedent's Education High School Graduate					
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)						13b. City or Town	
101 Allen St.						Carson	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98610	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
18 Years		Married		Remigius G. Hanken			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)				18. Kind of Business/Industry (Do not use Company Name)			
Keyboard Operator				Office			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Daniel Francis Harding				Myrtle Anneka Peters			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip			
Ray Hanken		Husband		PO Box 507 Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home							
25. Facility Name (If not a facility, give number & street)							
101 Allen St.							
26a. City, Town, or Location of Death		26b. State		27. Zip Code			
Carson		WA		98610			
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Burial		Wind River Memorial Cemetery		Carson, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Gardner Funeral Home PO Box 390 White Salmon, WA 98672						06/05/2004	
33. Funeral Director Signature <i>[Signature]</i>							
Cause of Death (See instructions and examples)							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. SQUAMOUS CELL CANCER RIGHT LUNG				Interval between Onset & Death	
		Due to (or as a consequence of):				Months	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
		c.				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
		d.				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street:						Apt No.	
City or Town:						State:	
County:						Zip Code + 4:	
46. Describe how injury occurred						47. If transportation injury, specify:	
						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred on the time, place, and cause stated and no other cause was responsible.							
x Ray FitzSimmons MD							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
Ray FitzSimmons, MD PO Box 1519 White Salmon, WA 98672						03:10	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Certified (MM/DD/YYYY)	
53. Title of Certifier		54. License Number		55. Coroner File Number		56. Was case referred to medical examiner?	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>						58. Date Received (MM/DD/YYYY)	
						6/3/2004	
59. Record Amendment:						Date	
						DOH 01-003 (5/99)	

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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