

Doc # 2004154243  
Page 1 of 2  
Date: 08/30/2004 10:20A  
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 Dorothy L. Bettis  
Address 101 Loop Road  
City / State Stevenson, WA 98648  
Scr 27103

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

1. Death Cert
- 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. Bettis, William Scott
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Bettis, Dorothy L.
- 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)  
Lot 1 of the Skamania Light & Power Company Electric Addition, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 42, in the County of Skamania, State of Washington.

Except that portion conveyed to Peter J. Lutgen by instrument recorded in Book 33, Page 399.

☐ Complete legal description is on page \_\_\_\_\_ of document

**Assessor's Property Tax Parcel / Account Number(s):** 03-07-36-1-3-2300-00



**REAL ESTATE EXCISE TAX**

24193

AUG 30 2004

PAID EXEMPT  
Michael Garvison  
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date 8/30/04 Parcel # 03-07-36-1-3-2300-00  
gn

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.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Washington State Certificate of Death

Local File Number

State File Number

34

Part 1 completed by Funeral Director

Part 2 completed by Certifier

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 1. Legal Name (include AKA's if any) First Middle LAST Suffix<br><b>William Scott BETTIS</b>  |  |   |   | 2. Death Date<br><b>04/25/2004</b>  |  |
| 3. Sex (M/F)<br><b>Male</b>   | 4a. Age - Last Birthday<br><b>82</b>                     | 4b. Under 1 Year<br>Months Days<br><b>0 0</b>   | 4c. Under 1 Day<br>Hours Minutes<br><b>0 0</b>  | 5. Social Security Number<br><b>260-03-2960</b>   | 6. County of Death<br><b>Clark</b>   |
| 7. Birthdate<br><b>11/08/1921</b>   | 8a. Birthplace (City, Town, or County)<br><b>Andrews</b> |   | 8b. (State or Foreign Country)<br><b>North Carolina</b>   |   | 9. Decedent's Education<br><b>8th Grade</b>  |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.<br><b>No</b>  |  |   | 11. Decedent's Race(s)<br><b>White</b>  |   | 12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>   |
| 13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)<br><b>101 Loop Road</b>   |  |   |   | 13b. City or Town<br><b>Stevenson</b>   |  |
| 13c. Residence: County<br><b>Skamania</b>   | 13d. Tribal Reservation Name (if applicable)             |   | 13e. State or Foreign Country<br><b>Washington</b>  | 13f. Zip Code + 4<br><b>98648</b>   | 13g. Inside City Limits?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk |
| 14. Estimated length of time at residence.<br><b>43 years</b>   |  | 15. Marital Status at Time of Death<br><b>Married</b>   |   | 16. Surviving Spouse's Name (Give name prior to first marriage)<br><b>Dorothy Lee Cowles</b>  |  |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))<br><b>Truck Driver</b>  |  |   | 18. Kind of Business/Industry (Do not use Company Name)<br><b>Timber/Logging</b>  |   |  |
| 19. Father's Name (First, Middle, Last, Suffix)<br><b>William Bettis</b>  |  |   | 20. Mother's Name Before First Marriage (First, Middle, Last)<br><b>Eugenia Stallings</b>   |   |  |
| 21. Informant's Name<br><b>Dorothy Bettis</b>   |  | 22. Relationship to Decedent<br><b>Wife</b>   | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip<br><b>101 Loop Road Stevenson, Washington 98648</b>  |   |  |
| 24. Place of Death, if Death Occurred In a Hospital:<br><b>Nursing Home</b>   |  |   | 24. Place of Death, if Death Occurred Somewhere Other than a Hospital:<br><b>Nursing Home</b>   |   |  |
| 25. Facility Name (if not a facility, give number & street or location)<br><b>Hazel Dell Nursing and Rehab</b>  |  |   | 26a. City, Town, or Location of Death<br><b>Vancouver</b>   | 26b. State<br><b>WA</b>   | 27. Zip Code<br><b>98663</b>   |
| 28. Method of Disposition<br><b>Cremation</b>   |  | 29. Place of Final Disposition (Name of cemetery, crematory, other place)<br><b>Columbia River Crematory</b>  |   | 30. Location-City/Town and State<br><b>White Salmon, Washington</b>   |  |
| 31. Name and Complete Address of Funeral Facility<br><b>GARDNER FUNERAL HOME PO Box 390 White Salmon, Washington 98672</b>  |  |   |   | 32. Date of Disposition<br><b>04/27/2004</b>  |  |
| 33. Funeral Director Signature<br><i>[Signature]</i>  |  |   |   |   |  |
| 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) → <b>a. Complications of multi-infarct dementia 2 wks</b>   |  |   |   |   |  |
| Due to (or as a consequence of):  |  |   |   |   |  |
| 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>b. Hypertension 10 yrs.</b>  |  |   |   |   |  |
| Due to (or as a consequence of):  |  |   |   |   |  |
| c.  |  |   |   |   |  |
| Due to (or as a consequence of):  |  |   |   |   |  |
| d.  |  |   |   |   |  |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above<br><b>diabetes, congestive heart failure</b>   |  |   |   |   |  |
| 36. Autopsy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   | 37. Were autopsy findings available to complete the Cause of Death?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |
| 38. Manner of Death<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Undetermined<br><input type="checkbox"/> Suicide <input type="checkbox"/> Pending  |  | 39. If female<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death<br><input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |   | 40. Did tobacco use contribute to death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably<br><input checked="" 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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk   |  |
| 45. Location of Injury: Number & Street:<br>City or Town: County: State: Zip Code + 4:  |  |   | 47. If transportation injury, specify:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) |   |  |
| 46. Describe how injury occurred  |  |   | 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.<br><b>X [Signature]</b>                               |   |  |
| 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.<br><b>X</b>   |  |   | 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)<br><b>Timothy Ross, MD 715 S. Andresen Rd. Vancouver, Washington 98661</b>                                 |   |  |
| 50. Hour of Death (24hrs)<br><b>1515</b>  |  |   | 51. Name and Title of Attending Physician if other than Certifier (Type or Print)   |   |  |
| 52. Date Signed (MM/DD/YYYY)<br><b>04-26-04</b>   |  |   | 53. Title of Certifier<br><b>M.D. / physician</b>   |   |  |
| 54. License Number<br><b>19952</b>  |  |   | 55. ME/Coroner File Number  |   |  |
| 56. Was case referred to ME/Coroner?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   | 57. Registrar Signature<br><b>X</b>   |   |  |
| 58. Date Received (MM/DD/YYYY)<br><b>APR 26 2004</b>  |  |   | 59. Amendments  |   |  |



DOH/CHS 003 Rev 2/08/2004

DOH-01-003 (5/99)

DOC # 2004154243  
Page 2 of 2