Doc # 2004154335
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Date: 09/03/2004 12:44P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

AFTER RECORDING RETURN TO:

Name: BARBARA RATHGEBER
Address: 4013 W GILGO BEACH
City/State: BABYLON NY 11702
SCR 26972

Document Title(s): (or transactions contained therein)
1. DEATH CERTIFICATE
2.
3.
4.

REAL ESTATE EXCISE TAX
24222
SEP 0 3 2004
PAID EXEMPT
SKAMANIA COUNTY TREASURER

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. RATHGEBER, FRED I.
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. PUBLIC, THE
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 6, BLK 1, UNDERWOOD CREST ADDITION A/154

☐ Complete legal description is on page _____ of document

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

03-10-20-1-4-0108-00

Gary H. Martin, Skamania County Assessor
Date 9-3-04 Parcel # 3-10-20-1-4-108

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

VOID VOID VOID

VOID IF ALTERED OR ERASED

TYPE OR PRINT IN PERMANENT BLACK INK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. 6004-1542

DECEDENT

1. DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. SEX
	FRED	I.	RATHGEBER	MALE

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 Day Hours	Minutes
FEBRUARY 3, 2004	075-30-9165	73				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
MAY 10, 1930	BAYSHORE, NEW YORK	YES

9a. PLACE OF DEATH (Check only one; see instructions on other side)
HOSPITAL: ___ Inpatient ___ ER/Outpatient ___ DOA | OTHER: ___ Nursing Home ___ Residence XX ASSISTED LIVING ___ Other (Specify)

9b. INSIDE CITY LIMITS? (Yes or No): NO

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
STRADFORD COURT APARTMENT 426	BOCA RATON	PALM BEACH

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
SELF EMPLOYED	LUMBER INDUSTRY	MARRIED	BARBARA LUDWIG

PARENTS

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
NEW YORK	SUFFOLK	WEST GILGO BEACH	4013 OCEAN ROAD

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	15. RACE – American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12)	College (1-4 or 5 +)
YES	11702	XX No ___ Yes Specify:	WHITE	4	

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
FRED RATHGEBER	HAZEL SQUIRE

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
BARBARA RATHGEBER	4013 OCEAN ROAD, WEST GILGO BEACH, NEW YORK 11702

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
___ Burial ___ Cremation XX Removal from State ___ Donation ___ Other (Specify)	AMITYVILLE CEMETERY	AMITYVILLE, NEW YORK

CERTIFIER

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
David E. Smith	3919	E. EARL SMITH & SON FUNERAL HOME AND CREMATION CHAPEL, 1032 NORTH DIXIE HIGHWAY LAKE WORTH, FLORIDA 33460

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)	22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH
Steven Tang MD	2/6/04	10:30 P. M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

23a. 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 as stated. (Signature and Title)	23b. DATE SIGNED (Mo., Day, Yr.)	23c. HOUR OF DEATH
		M

23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
STEVEN TANG MD, 2010 PREVATT STREET, EUSTIS, FLORIDA 32726

25a. SUBREGISTRAR – SIGNATURE AND DATE	25b. LOCAL REGISTRAR – SIGNATURE	25c. DATE REGISTERED
	Donna Pethtel	FEB 12 2004

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Pearlie Brown State Registrar

FEBRUARY 12, 2004

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10-98)

DC # 200415433S
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CERTIFICATION OF VITAL RECORD