

**AFTER RECORDING MAIL TO:**

Name Judith Freidt

Address PO Box 422

City/State Stevenson, WA 98648

SR 2733/

**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. Sterns, Irvin W.
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Sterns, Irvin W. Jr.
- 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)

S1, T2N, R7E

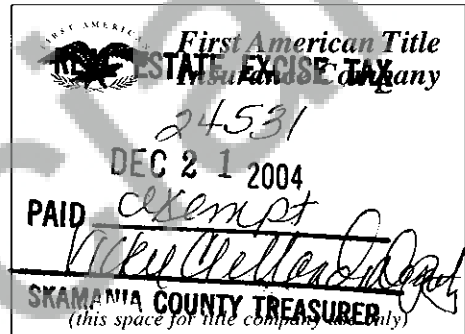
☐ Complete legal description is on page 3 of document

**Assessor's Property Tax Parcel / Account Number(s):** 02-07-01-1-0-0800-00

12-21-04  
5714

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.



LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

1. NAME - FIRST, MIDDLE, LAST <b>Irvin W. STERNS</b>		2. SEX <b>M</b>	3. DEATH DATE (MO DAY YR) <b>22 Feb 1984</b>	146-8		STATE FILE NUMBER
4. RACE (WHITE, BLACK, AM. IND., ETC. SPECIFY) <b>White</b>	5. AGE - LAST BIRTH DAY (YRS) <b>85</b>	6. UNDER 1 YEAR MOS. DAYS HOURS MINS.	7. UNDER 1 DAY HOURS MINS.	8. BIRTH DATE (MO DAY YR) <b>12 Jan 1899</b>	9. COUNTY OF DEATH <b>Skamania</b>	
10. CITY, TOWN OR LOCATION OF DEATH <b>Stevenson</b>		11. PLACE OF DEATH - <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSIT <input type="checkbox"/> SKN. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <b>527 S.W. 2nd</b>			12. RECEIVED EMERGENCY CARE AMBULANCE FIRETR. PARAMED? <b>NO</b> YES/NO	
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) <b>Wisconsin</b>	14. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	16. SPOUSE (IF WIFE GIVE MAIDEN NAME) <b>LYNCH Lula L. Sterns</b>		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) <b>Yes</b>	
18. SOCIAL SECURITY NO. <b>[REDACTED]</b>		19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) <b>Oil &amp; Gas Distributor</b>		20. KIND OF BUSINESS OR INDUSTRY <b>Bulk Oil &amp; Gas</b>		
21. RESIDENCE - NUMBER AND STREET <b>527 S.W. 2nd</b>		22. CITY/TOWN OR LOCATION <b>Stevenson</b>	23. INSIDE CITY LIMITS? (YES/NO) <b>Yes</b>	24. COUNTY <b>Skamania</b>	25. STATE <b>Washington</b>	
26. FATHER - NAME FIRST, MIDDLE, LAST <b>Fred John Sterns</b>		27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST <b>BRAATZ Edith Marie Sterns</b>				
28. INFORMANT - NAME <b>Lula L. Sterns</b>		29. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>P.O. Box 422 Stevenson, Washington 98648</b>				
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) <b>Burial</b>	31. DATE (MO DAY YR) <b>27 Feb 1984</b>	32. CEMETERY/CREMATORY - NAME <b>Willamette National</b>		33. LOCATION - CITY/TOWN, STATE <b>Portland, Oregon</b>		
34. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>		35. NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC. White Salmon, WA.</b>				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>[Signature] MD</b>				41. 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) STATED. SIGNATURE AND TITLE <b>[Signature]</b>		
38. DATE SIGNED (MO DAY YR) <b>2-29-84</b>		39. HOUR OF DEATH (24 HRS) <b>1630</b>		42. DATE SIGNED (MO DAY YR)		43. HOUR OF DEATH (24 HRS)
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>Keith Senecal, MD, PO Box 390, Stevenson, WA 98648</b>				44. PRONOUNCED DEAD (MO DAY YR)		45. HOUR PRONOUNCED DEAD (24 HRS)
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)						
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))						
(A) Cardiorespiratory arrest					INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>	
(B) Acute myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH <b>0-3 hours</b>	
(C) OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.					INTERVAL BETWEEN ONSET AND DEATH	
48. AUTOPSY? (YES/NO) <b>No</b>					50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) <b>Yes</b>	
51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)	52. INJURY DATE (MO DAY YR)	53. HOUR OF INJURY (24 HRS.)	54. DESCRIBE HOW INJURY OCCURRED.			
55. INJURY AT WORK? (YES/NO)	56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, LOG, ETC. (SPECIFY)		57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE			
58. REGISTRAR SIGNATURE <b>[Signature]</b>						59. DATE RECEIVED (MO DAY YR) <b>Feb 29, 1984</b>
FOR STATE REGISTRAR USE ONLY	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:

DSHS 9-150 (REV. 1-82)

THIS IS TO CERTIFY, that the foregoing is a true copy (photographic) of a record on file with the Southwest Washington Health District, Stevenson, Washington.

FEB 29 1984

SEAL

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT

R.W. BILLS, M.D.  
District Health Officer

By Judith Evert  
Deputy Registrar

EXHIBIT 'A'

Beginning at a point 604.5 feet West of the intersection of Vancouver Avenue with the West line of the Henry Shepard D.L.C.; thence West along the South side of Vancouver Avenue 235 feet to a point which is 30 feet South of the Quarter corner on the North line of Section 1, Township 2 North, Range 7 East of the Willamette Meridian; thence South 400 feet; thence South 18°30' East 55 feet; thence South 50°00' East 95 feet to the North boundary of Second Street in the Town of Stevenson, Washington; thence East along the North boundary of Second Street 143.8 feet; thence North to the place of beginning.

Also a tract of land described as follows:

Beginning at a point 30 feet South of the Quarter corner on the North line of Section 1, Township 2 North, Range 7 East of the Willamette Meridian; thence West to the East boundary of Second Street to the Town of Stevenson, Washington; thence South 36°12' East along the East boundary of Second Street to the intersection with the center line North and South of said Section 1, Township 2 North, Range 7 East of the Willamette Meridian; thence North to the place of beginning.

Subject however to a flowage easement heretofore granted to United States Government as of record in Volume 27 of Deeds, Page 285, all of the same situated and being in Skamania County, State of Washington.

Except that portion conveyed to Rock Creek Terrace by instrument recorded in Book 71, Page 55.

Gary H. Martin, Skamania County Assessor

Date 12-21-04 Parcel # 2-7-1-1-800

*GHM*