

Doc # 2005155922
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Date: 01/14/2005 09:16A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON *A*
AUDITOR
Fee: \$20.00

AFTER RECORDING MAIL TO:

Name Florence Scheel, Edith Hatfield, Donald Moser

Address 1042 Loop Road

City/State Stevenson, WA 98648

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. EVELYN VIOLA COOKE
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. EDITH E. HATFIELD, AS HER SEPARATE PROPERTY; DONALD W. MOSER, AS HIS
2. SEPARATE PROPERTY; FLORENCE H. SCHEEL, AS HER SEPARATE PROPERTY; EACH
3. AS TO AN UNDIVIDED 1/3 INTEREST AS TO THE REMAINDER
- 4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots D and E of Block 3 of the Bauguess and Cole Additions to the Town of North Bonneville, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 107, in the County of Skamania, State of Washington.

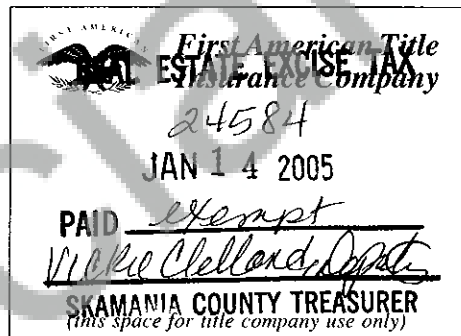
☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-21-1-2-0700-00

Gary H. Martin, Skamania County Assessor

Date 1-14-05 Parcel # 2-7-21-1-2-700
WA-1 *sm*

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



CERTIFICATE OF DEATH

146

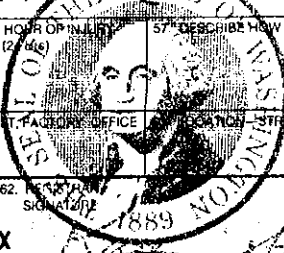
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

15

LOCAL FILE NUMBER

1. NAME First: Evelyn Middle: Viola Last: COOKE				2. SEX (M / F) Female		3. DEATH DATE (Mo. Day, Yr) May 22, 2003	
4. AGE LAST BIRTHDAY (Yrs) 84		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) 3/2/1919		8. BIRTHPLACE (City, State or Foreign Country) Keen Township, MN	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No				10. COUNTY OF DEATH Skamania			
11. CITY, TOWN OR LOCATION OF DEATH Carson				12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> MUR HOME <input type="checkbox"/> OTHER PLACE 81 Dalen Street			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (if wife, give maiden name)		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Own Home		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 81 Dalen Street		23. CITY/TOWN, OR LOCATION Carson		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania	
25B. LENGTH OF RES. IN CO. 53 yrs		26. STATE WA		27. ZIP CODE 98610			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Louis Askelson				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Alice Lillian Erickson			
30. INFORMANT—NAME Donald Moser		31. MAILING ADDRESS POB 264 Carson, WA 98610					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) 5/27/2003		34. CEMETERY/CREMATORY—NAME Wind River Memorial Cemetery		35. LOCATION—CITY/TOWN, STATE Carson, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Gardner Funeral Home		38. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 <i>Ray FitzSimmons M.D.</i>				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			
40. DATE SIGNED (Mo., Day, Yr) 5-23-03		41. HOUR OF DEATH (24 Hrs) 0845		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672				49. ME/CORONER FILE NUMBER			
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. ALZHEIMER'S DEMENTIA DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH YEARS	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH age of	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH of	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULATING IN THE UNDERLYING CAUSE GIVEN ABOVE. ARTEROSCLEROTIC VASCULAR DISEASE				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) X	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)		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 <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr.) 5/27/2003			



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