Doc # 2005157105
Page 1 of 3
Date: 04/28/2005 10:48A
Filed by: DARLENE BAIRD
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $21.00

Return Address: Darlene Baird
4617- 7th Ave NE
Lacey WA 98516

Document Title(s) or transactions contained herein:
Death Certificate

REAL ESTATE EXCISE TAX
24876
APR 28 2005
PAID EXEMPT
Audrey Takin Deputy
SKAMANIA COUNTY TREASURER

GRANTOR(S) (Last name, first name, middle initial)
Edwards, Herbert J

[ ] Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)
Edwards, Vernon L
Baird, Aura Darlene

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
T3 R9 SEC 11 in the ~~SW, SW, NE, E 1/2~~ E 1/2, NE 1/4, SW 1/4, SW 1/4 [illegible]

[✓] Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
03 09 11 3 0 0600 00 C.S. 4/28/05

[ ] Property Tax Parcel ID is not yet assigned
[ ] Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health

CERTIFICATE OF DEATH

568 — LOCAL FILE NUMBER

146 — STATE FILE NUMBER

DECEDENT

Field	Entry
1. NAME (First, Middle, Last)	HERBERT JACK EDWARDS
2. SEX (M / F)	MALE
3. DEATH DATE (Mo, Day, Yr)	JULY 17, 2002
4. AGE LAST BIRTHDAY (Yrs)	62
5. UNDER 1 YEAR (MOS, DAYS)	
6. UNDER 1 DAY (HOURS, MINS)	
7. BIRTHDATE (Mo, Day, Yr)	12-02-1939
8. BIRTHPLACE (City, State or Foreign Country)	WHITE SALMON, WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	NO
10. COUNTY OF DEATH	COWLITZ
11. CITY, TOWN OR LOCATION OF DEATH	LONGVIEW
12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☒ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE	1407 SLIDE CREEK ROAD
13. SMOKING IN LAST 15 YEARS? (Yes / No)	NO
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	MARRIED
15. SURVIVING SPOUSE (If wife, give maiden name)	ELAINE SCOTT
16. SOCIAL SECURITY NO.	[redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12) / College (1-4 or 5+)	1+
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	U.S Fish & Wild Life
19. KIND OF BUSINESS OR INDUSTRY	Government
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	NO
21. RACE (Specify)	CAUCASIAN
22. RESIDENCE — NUMBER AND STREET	1407 SLIDE CREEK RD
23. CITY/TOWN, OR LOCATION	LONGVIEW
24. INSIDE CITY LIMITS? (Yes / No)	No
25A. COUNTY	COWLITZ
25B. LENGTH OF RES. IN CO.	25Yrs
26. STATE	WA
27. ZIP CODE	98632

PARENTS

Field	Entry
28. FATHER'S NAME — FIRST, MIDDLE, LAST	HERBERT EDWARDS
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME	BESSIE WILSON
30. INFORMANT — NAME	ELAINE EDWARDS
31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)	1407 SLIDE CREEK ROAD, LONGVIEW, WA 98632

DISPOSITION

Field	Entry
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CREMATION
33. DATE (Mo, Day, Yr)	7-19-2002
34. CEMETERY/CREMATORY — NAME	GREEN HILLS CREMATORY
35. LOCATION — CITY/TOWN, STATE	KELSO, WASHINGTON
36. FUNERAL DIRECTOR SIGNATURE	X Jose Nunez
37. NAME OF FACILITY	GREEN HILLS MEMORIAL
38. ADDRESS OF FACILITY	1939 MT. BRYNION RD KELSO, WA 98626

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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

40. DATE SIGNED (Mo, Day, Yr)

41. HOUR OF DEATH (24 Hrs)

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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 Michael W Nichols, Coroner

Field	Entry
44. DATE SIGNED (Mo, Day, Yr)	JULY 19 2002
45. HOUR OF DEATH (24 Hrs)	21:10
46. PRONOUNCED DEAD (Mo, Day, Yr)	JULY 17, 2002
47. HOUR PRONOUNCED DEAD (24 Hrs)	22:55
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)	MICHAEL W. NICHOLS, CORONER 1946 3rd Ave.#B, Longview, WA 98632
49. ME/CORONER FILE NUMBER	02-56

CAUSE OF DEATH

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.

	Cause	INTERVAL BETWEEN ONSET AND DEATH
A.	GUNSHOT WOUND TO HEAD	
B.	DUE TO, OR AS A CONSEQUENCE OF:	
C.	DUE TO, OR AS A CONSEQUENCE OF:	
D.	DUE TO, OR AS A CONSEQUENCE OF:	

Field	Entry
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:	
52. AUTOPSY? (Yes / No)	YES
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)	YES
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	Undetermined
55. INJURY DATE (Mo, Day, Yr)	Jul.17,2002
56. HOUR OF INJURY (24 Hrs)	21:10
57. DESCRIBE HOW INJURY OCCURRED:	Undetermined
58. INJURY AT WORK? (Yes / No)	NO
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	HOME
60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE	1407 SLIDE CREEK RD, LONGVIEW, WA

61. RECORD AMENDMENT (Registrar use only) — ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

62. Signature: [signature] L. Fuller, MD, MPH

63. DATE RECEIVED (Mo, Day, Yr): JUL 19 2002

SEAL OF THE STATE OF WASHINGTON 1889

DOC # 2005057105 Page 2 of 3

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 01-003 (6/99)

LEGAL DESCRIPTION

A parcel of land lying in the E ½ of the NE ¼ of the SW ¼ of the SW 1/4
In section 11 township 3N range 9E lying west of the W.M.
In Skamania County, Washington

Gary H. Martin, Skamania County Assessor
Date 4/28/05 G.S. Parcel # 3-9-11-3-600