

AFTER RECORDING MAIL TO:

Name James Robinson
Address PO Box 2217
City/State Lebanon, OR 97355
SCR 27820

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. Robinson, James W.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. James W. Robinson & Emelia E. Robinson, Trustees of the Robinson Trust
2. under Agreement Dated March 2, 2000
- 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)
Lots 4,5,6,7,8 and 9 of Block 'B' of the Town of Carson, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 23, in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-1-1-1700-00

5-24-2005
JMG JLG

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

TYPE OR PRINT IN PERMANENT BLACK INK

22

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: James Middle: W. Last: ROBINSON				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) June 5, 2001	
4. AGE LAST BIRTHDAY (Yrs) 87 yrs		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) 11-18-1913		8. BIRTHPLACE (City, State or Foreign Country) Camas, WA	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		13. 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. AMBULANCE <input type="checkbox"/> HOSP. <input type="checkbox"/> NURS. HOME <input type="checkbox"/> OTHER PLACE 42 2nd Street		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) Emelia E. Mickes		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) County Road Employee		19. KIND OF BUSINESS OR INDUSTRY Skamania County		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) White	
22. RESIDENCE — NUMBER AND STREET 42 2nd Street		23. CITY/TOWN, OR LOCATION Carson		24. INSIDE CITY LIMITS? (Yes / No) Yes		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 Thomas Watt Robinson Jr.				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Sarah Bertha Blair			
30. INFORMANT — NAME Emelia E. Robinson - wife		31. MAILING ADDRESS 42 2nd Street, Carson WA 98610		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 6-11-2001	
		34. CEMETERY/CREMATORY — NAME Fern Prairie Cemetery		35. LOCATION — CITY/TOWN, STATE Camas, Washington		36. FUNERAL DIRECTOR SIGNATURE X Ron Brown	
		37. NAME OF FACILITY Brown's Funeral Home		38. ADDRESS OF FACILITY 410 N.E. Garfield Street Camas, Washington 98607			
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 Thomas C. Allmon MD				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) 6-6-2001		41. HOUR OF DEATH (24 Hrs) 1200		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) Thomas Allmon M.D. 12607 S.E. Mill Plain, Vancouver, WA 98684				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. Small cell lung cancer - stage IV DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
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 [Signature]		63. DATE RECEIVED (Mo, Day, Yr) JUN 07 2001			

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

DOC # 2005157399