

Return Address:

June MacDonald
1802 Duncan Cr Rd
Stevenson, WA
98648

Document Title(s) or transactions contained herein: DEATH CERTIFICATE 12-07-04	
GRANTOR(S) (Last name, first name, middle initial) MACDONALD FRED M	REAL ESTATE EXCISE TAX 24996 JUN 16 2005
<input type="checkbox"/> Additional names on page _____ of document.	PAID <u>exempt</u>
GRANTEE(S) (Last name, first name, middle initial) MAC DONALD JUNE	<u>Nickel Chittas</u> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released: CPA BOOK 188 PAGE 503 DTD APRIL 21, 99 RECORDED IN SKAMANIA COUNTY FILE # 134918	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 02062800 100500 02062800 100005 02062800 100000 10/14/05 LN	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> 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

Local File Number **D-2 58** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Fred Middle M. Last MacDonald Suffix				2. Death Date Dec. 3, 2004	
3. Sex (M/F) Male	4a. Age - Last Birthday 86	4b. Under 1 Year: Months 05 Days 18	4c. Under 1 Day: Hours 00 Minutes 00	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate 05/18/1918		8a. Birthplace (City, Town, or County) Dayton	8b. (State or Foreign Country) Washington	9. Decedent's Education Bachelor's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: no			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.) 1802 Dunkin Creek Rd.				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State of Foreign Country Washington	13f. Zip Code + 4 98648	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 5 years		15. Marital Status at Time of Death married		16. Surviving Spouse's Name (Give name prior to first marriage) E. June Gent	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED).) Trust Officer			18. Kind of Business/Industry (Do not use Company Name) Bank		
19. Father's Name (First, Middle, Last, Suffix) Fred Nelson MacDonald			20. Mother's Name Before First Marriage (First, Middle, Last) Lily Roxanne Parts		
21. Informant's Name E. June MacDonald		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town. State Zip 1802 Dunkin Creek Rd. Stevenson, WA 98648	
24. Place of Death, if Death Occurred in a Hospital: residence					
25. Facility Name (if not a facility, give number & street or location) 1802 Dunkin Creek Rd.			26a. City, Town, or Location of Death Stevenson		26b. State WA
27. Zip Code 98648		28. Method of Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center			30. Location-City/Town; and State Portland, Oregon		
31. Name and Complete Address of Funeral Facility Aftercare Cremation & Burial Svc. 4764 SE Milwaukie Ave. Portland, OR 97202				32. Date of Disposition Dec. 9, 2004	
33. Funeral Director Signature X					

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death, DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Urosepsis** Interval between Onset & Death **2 wks**
 Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. **Failure to thrive** Interval between Onset & Death **~ 3 mo**
 Due to (or as a consequence of):

c. Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending

39. If female Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (MM/DD/YYYY)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work? Yes No Unknown

45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred

47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place stated to the cause(s), and manner stated.

48b. Medical Examiner/Coroner - 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 stated.

X **Rima J. Jallard, M.D.**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner **Rima Jallard, 1603 E. 4th Plain Blvd. Stevenson, WA 98648**

50. Hour of Death (24hrs) **1800**

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY) **12-7-04**

53. Title of Certifier **M.D.**

54. License Number

55. Title Number

56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature

58. Date Received (MM/DD/YYYY) **12/8/2004**



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