Doc # 2005157685
Page 1 of 2
Date: 06/16/2005 01:40P
Filed by: JUNE MACDONALD
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

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

[ ] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX
24996
JUN 16 2005
PAID exempt
SKAMANIA COUNTY TREASURER

GRANTEE(S) (Last name, first name, middle initial)
MAC DONALD JUNE

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

[ ] 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

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
02062800 100500
02062800 100005
02062800 100000 10/14/05

[ ] 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.

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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 / Days	4c. Under 1 Day: Hours / Minutes
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., 624 SE 5th 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 or Foreign Country: Washington	13f. Zip Code + 4: 98648
13g. Inside City Limits? ☐ Yes ☒ No ☐ 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:	Place of Death, If Death Occurred Somewhere Other than 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			

Part 1 completed by Funeral Director

Cause of Death (See instructions and examples)

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Urosepsis	2 wks
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 (Due to (or as a consequence of):)	≈ 3 mo
	c. (Due to (or as a consequence of):)	
	d. (Due to (or as a consequence of):)	

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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before 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 ☐ Unk

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)

Part 2 completed by Certifier

48a. **Certifying Physician**- To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X Rima T. Jallard MD

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

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner: Rima Jallard, 1603 E. 4th Plain Blvd, Vancouver, WA 98661

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. Coroner's File Number

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

57. Registrar Signature X

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

DOH 01-003 (6/99)

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