Doc # 2005159169
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Date: 10/20/2005 04:06P
Filed by: CLARK COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $33.00

RETURN ADDRESS:

KAY CROWELL
1435 YORK DRIVE
VISTA, CA 92084

Re: **CCT 00105470WT**

DOCUMENT TITLE(S)
CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF RELATED DOCUMENTS:

GRANTOR(S) *(Last, First and Middle Initial)*

1. **HOGAN JR., WILLIAM JOSEPH**
2.
3. **Additional Grantors on page**

GRANTEE(S) *(Last, First and Middle Initial)*

1. **THE PUBLIC**
2.
3. **Additional Grantors on page**

TRUSTEE:

1.

LEGAL DESCRIPTION: *(Abbreviated form: i.e. lot, block, plat or section, township, range quarter/quarter)*

Lot(s) 3, of SP2-217

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER: **02 05 30 0 0 0203 00**

[☐] If this box is checked then the following applies:

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

_____
Signature of Requesting Party

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/04)

STATE FILE NUMBER:

LOCAL REGISTRATION NUMBER: 3 200537 014007

DECEDENT'S PERSONAL DATA

- 1. NAME OF DECEDENT — FIRST (Given): WILLIAM
- 2. MIDDLE: Joseph
- 3. LAST (Family): HOGAN Jr.
- AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
- 4. DATE OF BIRTH mm/dd/ccyy: 08/10/1944
- 5. AGE Yrs.: 61
- IF UNDER ONE YEAR (Months / Days):
- IF UNDER 24 HOURS (Hours / Minutes):
- 6. SEX: M
- 9. BIRTH STATE/FOREIGN COUNTRY: MN
- 10. SOCIAL SECURITY NUMBER: [redacted]
- 11. EVER IN U.S. ARMED FORCES?: [X] YES [ ] NO [ ] UNK
- 12. MARITAL STATUS (at Time of Death): Divorced
- 7. DATE OF DEATH mm/dd/ccyy: 09/18/2005
- 8. HOUR (24 Hours): 1230
- 13. EDUCATION — Highest Level/Degree (see worksheet on back): Associate
- 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back): [ ] YES [X] NO
- 16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): White
- 17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: Construction Superintendent
- 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): Commercial Construction
- 19. YEARS IN OCCUPATION: 36

USUAL RESIDENCE

- 20. DECEDENT'S RESIDENCE (Street and number or location): 1435 York Dr
- 21. CITY: Vista
- 22. COUNTY/PROVINCE: San Diego
- 23. ZIP CODE: 92084
- 24. YEARS IN COUNTY: 20
- 25. STATE/FOREIGN COUNTRY: CA

INFORMANT

- 26. INFORMANT'S NAME, RELATIONSHIP: Kathleen Crowell, Sister
- 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 1435 York Dr., Vista, CA 92084

SPOUSE AND PARENT INFORMATION

- 28. NAME OF SURVIVING SPOUSE — FIRST: -
- 29. MIDDLE: -
- 30. LAST (Maiden Name): -
- 31. NAME OF FATHER — FIRST: William
- 32. MIDDLE: Joseph
- 33. LAST: Hogan
- 34. BIRTH STATE: MN
- 35. NAME OF MOTHER — FIRST: Eleanor
- 36. MIDDLE: E.
- 37. LAST (Maiden): Nyfors
- 38. BIRTH STATE: MN

FUNERAL DIRECTOR / LOCAL REGISTRAR

- 39. DISPOSITION DATE mm/dd/ccyy: 09/21/2005
- 40. PLACE OF FINAL DISPOSITION: Near Camas, WA 98607
- 41. TYPE OF DISPOSITION(S): CR/TR/SCAT
- 42. SIGNATURE OF EMBALMER: Not Embalmed
- 43. LICENSE NUMBER: -
- 44. NAME OF FUNERAL ESTABLISHMENT: Allen Brothers Mortuary-Vista
- 45. LICENSE NUMBER: FD1120
- 46. SIGNATURE OF LOCAL REGISTRAR: Nancy L Bowen MD SC
- 47. DATE mm/dd/ccyy: 09/21/2005

PLACE OF DEATH

- 101. PLACE OF DEATH: KAISER HOSPITAL
- 102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
- 103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
- 104. COUNTY: SAN DIEGO
- 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 4647 ZION AVENUE
- 106. CITY: SAN DIEGO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

	Cause	Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A)	RESPIRATORY FAILURE	(AT) DAYS
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B)	RESTRICTIVE CARDIOMYOPATHY	(BT) MONS
(C)	AMYLOIDOSIS	(CT) MONS
(D)	MULTIPLE MYELOMA	(DT) MONS

- 108. DEATH REPORTED TO CORONER?: [ ] YES [X] NO — REFERRAL NUMBER:
- 109. BIOPSY PERFORMED?: [ ] YES [X] NO
- 110. AUTOPSY PERFORMED?: [ ] YES [X] NO
- 111. USED IN DETERMINING CAUSE?: [ ] YES [X] NO
- 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE
- 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
- 113A. IF FEMALE, PREGNANT IN LAST YEAR?: [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

- 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
  - Decedent Attended Since (A) mm/dd/ccyy: 09/14/2005
  - Decedent Last Seen Alive (B) mm/dd/ccyy: 09/18/2005
- 115. SIGNATURE AND TITLE OF CERTIFIER: Rae Boganey, MD
- 116. LICENSE NUMBER: A84385
- 117. DATE mm/dd/ccyy: 09/20/2005
- 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: RAE BOGANEY, MD 4647 ZION AVENUE SAN DIEGO, CA 92120

CORONER'S USE ONLY

- 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
- 120. INJURED AT WORK?: [ ] YES [ ] NO [ ] UNK
- 121. INJURY DATE mm/dd/ccyy:
- 122. HOUR (24 Hours):
- 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):
- 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):
- 125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP):
- 126. SIGNATURE OF CORONER / DEPUTY CORONER:
- 127. DATE mm/dd/ccyy:
- 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR	A	B	C	D	E		FAX AUTH. #	CENSUS TRACT
							2515466	

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A01443305

County of San Diego - Department of Health Services - 3851 Rosecrans ... This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY and THE DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL ...

DATE ISSUED: September 23, 2005

OFFICIAL SEAL

NANCY L BOWEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego