

Doc # 2005159743
Page 1 of 3
Date: 12/05/2005 11:07A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$34.00

AFTER RECORDING MAIL TO:

Name Jeff Bragato
Address 15703 NE 18th Ave
City/State Vancouver WA 98616
SR 25382

Document Title(s): (or transactions contained therein)

1. Health-Certificate of Death
- 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. Stiebartz, Floyd Marvin
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Stiebartz, Norma
- 2.
- 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)

Lot 55 Northwoods

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 96-000055

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.

REAL ESTATE EXCISE TAX

15541

DEC 05 2005

PAID

EXEMPT

Sudrey Fabian Deputy
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

124
LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Floyd Middle: Marvin Last: STIEBRITZ				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) February 20, 2001	
4. AGE LAST BIRTHDAY (Yrs) 78		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS: Apr 12 1922		6. BIRTHPLACE (City, State or Foreign Country) Elk, Washington		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	
7. BIRTHDATE (Mo. Day, Yr)		8. BIRTHPLACE		10. COUNTY OF DEATH Cowlitz		13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
11. CITY, TOWN OR LOCATION OF DEATH Longview				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Community Hospice			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Norma Birtchet		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) College (1-4 or 5+) 12	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Machinist		19. KIND OF BUSINESS OR INDUSTRY Machine Shop		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 216 Cherry Blossom		23. CITY/TOWN, OR LOCATION Woodland		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Cowlitz	
25B. LENGTH OF RES. IN CO. 70yrs		26. STATE WA		27. ZIP CODE 98674			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Charles Stiebritz				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Anna Johnston			
30. INFORMANT—NAME Norma Stiebritz		31. MAILING ADDRESS 216 Cherry Blossom		CITY OR TOWN Woodland		STATE WA	
ZIP 98674							
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) Feb 24 2001		34. CEMETERY/CREMATORY—NAME Longview Memorial Park		35. LOCATION—CITY/TOWN, STATE Longview, Washington	
36. FUNERAL DIRECTOR SIGNATURE X [Signature]		37. NAME OF FACILITY Woodland Funeral Home		38. ADDRESS OF FACILITY P.O. Box 401 Woodland, WA 98674			
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 [Signature]				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 [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 2-23-01		41. HOUR OF DEATH (24 Hrs.) 2220		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) Michael Grubbs, M.D. 1230 7th Ave Longview, WA 98632				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).		A. Cor Pulmonale				INTERVAL BETWEEN ONSET AND DEATH 5yrs	
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.		B. COPD				INTERVAL BETWEEN ONSET AND DEATH 30 years	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Prostate cancer, bladder cancer				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.) FEB 23 2001	

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FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev. 7/91) (WPNV 08-99-00)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

EXHIBIT 'A'

Lot 55, as shown on the Plat entitled Record of Survey for Water Front Recreation, Inc., dated May 16, 1974, on file and of record under Auditor File No. 77523, at Page 449, of Book 'J' of Miscellaneous Records of Skamania County, Washington, together with an appurtenant easement as established in writing on said Plat, for the joint use of the areas shown as roadway on the Plat.

Subject to reservations by the United State of America in approved selection list number 259 dated March 4, 1953, and recorded September 4, 1953, at Page 23, of Book 52 of Deed, under Auditor File No. 62114, records of Skamania County as follows:

"...the provisions, reservations, conditions and limitations of Section 24, Federal Power Act of June 10, 1920, as amended...and the prior right of the United States, it's licenses and permittees to use for power purposes that part withing Power Project No. 2071, 2111 and 264."

Gary H. Martin, Skamania County Assessor

Date 12/5/05 Parcel # 96-000055