Doc # 2007166190
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Date: 05/22/2007 11:36A
Filed by: GLADYS TEMPLIN
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: $33.00

WHEN RECORDED RETURN TO:

Gladys M Templin
221 Duncan Creek Rd
Stevenson WA 98648

DOCUMENT TITLE(S)

Certificate of Death

REFERENCE NUMBER(S) *of Documents assigned or released:*

REAL ESTATE EXCISE TAX

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Richard E Templin

27030
MAY 22 2007
PAID Exempt
Audrey Tilkni Deputy
SKAMANIA COUNTY TREASURER

[ ] Additional names on page _____ of document.

GRANTEE(S):

Gladys M. Templin

[ ] Additional names on page _____ of document.

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

That portion of the West half of the Southwest quarter of Section 34, Township 2 North, Range 6 East of the Willamette Meridian, lying Northerly of Primary State Highway No. 14, and lying Southerly of Duncan Creek Road No. 10110.

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S): 02 06 34 00 1201 00
AD 5-22-07

[ ] Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

LPB 01-05

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: D2 – 14

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Richard	Middle: Eugene	LAST: Templin	Suffix:	2. Death Date: April 24, 2007
3. Sex (M/F): Male	4a. Age – Last Birthday: 88	4b. Under 1 Year – Months / Days:	4c. Under 1 Day – Hours / Minutes:	5. Social Security Number: [redacted]
6. County of Death: Skamania				
7. Birthdate: Aug. 27, 1918	8a. Birthplace (City, Town, or County): Grove City	8b. (State or Foreign Country): Pennsylvania	9. Decedent's Education: High School Graduate	
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.): 221 Duncan 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: 27 years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's Name (Give name prior to first marriage): Gladys M. Hathaway		
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Laborer		18. Kind of Business/Industry (Do not use Company Name): Aeronautics		
19. Father's Name (First, Middle, Last, Suffix): Ellis Willard Templin		20. Mother's Name Before First Marriage (First, Middle, Last): Genevieve A. Smith		
21. Informant's Name: Gladys M. Templin	22. Relationship to Decedent: Wife	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 221 Duncan 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: Decedent's Residence		
25. Facility Name (If not a facility, give number & street or location): 221 Duncan 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: Evergreen Staples Funeral Chapel 4700 NE St Johns Rd Vancouver, WA 98661			32. Date of Disposition: April 25, 2007	

33. Funeral Director Signature X: [signature]

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. Multi-system organ failure	
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. Chronic kidney disease	
Due to (or as a consequence of):		
	c. Aortic stenosis	
Due to (or as a consequence of):		
	d. Dementia CAD	

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

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

Part 2 completed by Certifier

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: Skamania County Assessor State: Zip Code + 4

46. Describe how injury occurred: Date 5-22-07 Parcel# 02063400120100 MD

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 and due to the cause(s) and manner stated.

x Karen Schaefer ARNP

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.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Karen Schaefer, ARNP 370 SW US Veterans Hospital Rd PtL OR 97207

50. Hour of Death (24hrs): 0445

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

52. Date Signed (MM/DD/YYYY): 04/25/2007

53. Title of Certifier: ARNP

54. License Number: AP30003[illegible]

55. ME/Coroner File Number:

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

57. Registrar Signature X: [signature]

58. Date Received (MM/DD/YYYY): APR 25 2007

59. Amendments

DOH 01-003 (6/99)

THE STATE OF WASHINGTON 1889

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DOH # 2007166196

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