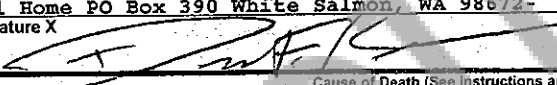
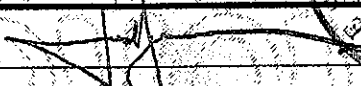
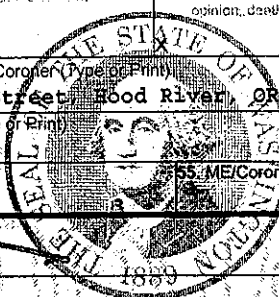


Return Address:
Law Office of Anthony H. Connors
Post Office Box 1116
White Salmon, WA 98672

<i>Document Title(s) or transactions contained herein:</i> CERTIFICATE OF DEATH – Washington State
<i>GRANTOR(S) (Last name, first name, middle initial)</i> BOYD, Sr., JAMES PETER <input type="checkbox"/> Additional names on page _____ of document.
<i>GRANTEE(S) (Last name, first name, middle initial)</i> THE PUBLIC <input type="checkbox"/> Additional names on page _____ of document.
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i> <input type="checkbox"/> Complete legal on page _____ of document. (Exhibit A)
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i> <input type="checkbox"/> Additional numbers on page _____ of document.
<i>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</i> <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 D2 - 16		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix James Peter BOYD			2. Death Date Apr 13, 2006		
3. Sex (M/F) M	4a. Age - Last Birthday 75	4b. Under 1 Year Months Days 75	4c. Under 1 Day Hours Minutes 75	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate Jan 31, 1931		8a. Birthplace (City, Town, or County) Portland	8b. (State or Foreign Country) Oregon	9. Decedent's Education HS Graduate or GED	
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.) 1122 Bunker Keys Road				13b. City or Town Cook	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98605-	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 25Y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Alice Marie Booton	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Millwright			18. Kind of Business/Industry (Do not use Company Name) Sawmill		
19. Father's Name (First, Middle, Last, Suffix) Nels Kristian Boyd			20. Mother's Name Before First Marriage (First, Middle, Last) Jessie Mae Keys		
21. Informant's Name Alice Marie Boyd		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1122 Bunker Keys Road Cook WA 98605-		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 1122 Bunker Keys Road			26a. City, Town, or Location of Death Cook	26b. State WA	27. Zip Code 98605-
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672-					32. Date of Disposition April 15, 2006
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. CORONARY ARTERY DISEASE Interval between Onset & Death years 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. Due to (or as a consequence of): Interval between Onset & Death c. Due to (or as a consequence of): Interval between Onset & Death d. Due to (or as a consequence of): Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred					
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 Stephen Becker 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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Stephen Becker, M.D. 1108 June Street Hood River, OR 97031				50. Hour of Death (24hrs) 0712	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 4-13-06	
53. Title of Certifier Dr. S. Becker	54. License Number OR 11746	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) April 18, 2006	
59. Amendments					



DOC # 2007167672
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