Doc # 2007167941
Page 1 of 2
Date: 10/11/2007 02:11P
Filed by: ELMERNA L DEBOLT
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: $31.00

Return Address:

Elmerna L. DeBolt
P.O. Box 552
Carson, Wa. 98610

Document Title(s) or transactions contained herein:

Death Certificate

GRANTOR(S) (Last name, first name, middle initial)

Merle A. & Elmerna L. Debolt

[ ] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX

27286

OCT 11 2007

PAID EXEMPT

Audrey Fulmer Deputy

SKAMANIA COUNTY TREASURER

GRANTEE(S) (Last name, first name, middle initial)

ELMerna L. Debolt

[ ] Additional names on page _____ of document.

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

Township 3, Range 8½, Section 29
A portion of See Attached

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-08-29-1-1-0100-00
03-08-29-1-1-1900-00 JM 10/11/07

[ ] 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.

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: D2 38

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Merle Middle: Archie LAST: DEBOLT Suffix:
2. Death Date: July 20, 2006
3. Sex (M/F): M
4a. Age – Last Birthday: 83
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: Apr 9, 1923
8a. Birthplace (City, Town, or County): Pottawattamie
8b. (State or Foreign Country): Iowa
9. Decedent's Education: 12
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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 242 Hot Springs Avenue
13b. City or Town: Carson
13c. Residence: County: Skamania
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98610-
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 30y
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Elmerna L. McCoun
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Timber Sale Administrator
18. Kind of Business/Industry (Do not use Company Name): US Forest Service
19. Father's Name (First, Middle, Last, Suffix): Lester L. DeBolt
20. Mother's Name Before First Marriage (First, Middle, Last): Mathilda Kruse
21. Informant's Name: Elmerna L. DeBolt
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No.: PO Box 552 City or Town: Carson State: WA Zip: 98610-
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): 242 Hot Springs Avenue
26a. City, Town, or Location of Death: Carson
26b. State: WA
27. Zip Code: 98610-
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: July 24, 2006
33. Funeral Director Signature X

Part 2 completed by Certifier

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic colon cancer — Interval between Onset & Death

Due to (or as a consequence of): — Interval between Onset & Death

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.

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)
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
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): Ryan Petersen, MD 1151 May St. Hood River, OR 97031
50. Hour of Death (24hrs): 1820
51. Name and Title of Attending Physician if other than Certifier (Type or Print): Dr. Gary Regalbuto, M.D.
52. Date Signed (MM/DD/YYYY): 7/24/06
53. Title of Certifier: MD
54. License Number: MD24[illegible]
55. ME/Coroner File Number
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): 7/26/06
59. Amendments

DOH 01-003 (5/99)

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