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 Tahmi 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 8, 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 LM 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.

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	Middle	LAST	Suffix	2. Death Date
Merle	Archie	DEBOLT		July 20, 2006

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year (Months / Days)	4c. Under 1 Day (Hours / Minutes)	5. Social Security Number	6. County of Death
M	83			[redacted]	Skamania

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
Apr 9, 1923	Pottawattamie	Iowa	12

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
242 Hot Springs Avenue	Carson

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98610-	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
30y	Married	Elmerna L. McCoun

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Timber Sale Administrator	US Forest Service

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Lester L. DeBolt	Mathilda Kruse

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
Elmerna L. DeBolt	Wife	PO Box 552	Carson	WA	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)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
242 Hot Springs Avenue	Carson	WA	98610-

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Columbia River Crematory	White Salmon, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Gardner Funeral Home PO Box 390 White Salmon, WA 98672-	July 24, 2006

33. Funeral Director Signature X [signature]

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Metastatic colon cancer	
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

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

36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
☐ Yes ☒ No	☐ Yes ☒ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☒ 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	☐ 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(s) stated.

X [signature]

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)	50. Hour of Death (24hrs)
Ryan Petersen, MD 1151 May St. Hood River, OR 97031	1820

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
Dr. Gary Regalbuto, M.D.	7/24/06

53. Title of Certifier	54. License Number	55. Medical Examiner/Coroner File Number	56. Was case referred to ME/Coroner?
MD	MD24780		☒ Yes ☐ No

57. Registrar Signature X [signature] — 58. Date Received (MM/DD/YYYY): 7/26/06

59. Amendments

DOH 01-003 (5/99)

BC # 2007167941 Page 2 of 2