

WHEN RECORDED RETURN TO:

SHEILA ANDERSON
P.O. Box 65178
VANCOUVER, WA 98665

DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

ANDERSON, MARSTEN & SHEILA

☐ Additional names on page _____ of document.

GRANTEE(S):

ANDERSON, SHEILA

☐ Additional names on page _____ of document.

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

CABIN #31 NORTHWESTERN LAKE
T3, R10, S2 EWM

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

431002 00043100

☐ 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.

REAL ESTATE EXCISE TAX

N/A

JUL 16 2008

PAID

N/A

Autrey Akemi Deputy
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2003-1057

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Marsten Middle: G. Last: ANDERSON			2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) October 7, 2003												
4. AGE LAST BIRTHDAY (Yrs) 64		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 3/16/1939		8. BIRTHPLACE (City, State or Foreign Country) Minneapolis, MN		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Klickitat							
11. CITY, TOWN OR LOCATION OF DEATH White Salmon				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 checked="" type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HCSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Skyline Hospital				13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes									
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married			15. SURVIVING SPOUSE (If wife, give maiden name) Sheila May Thomas			16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)									
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Die Maker			19. KIND OF BUSINESS OR INDUSTRY Machinist			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 52 Lakeview Road			23. CITY/TOWN, OR LOCATION White Salmon		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania		25B. LENGTH OF RES. IN CO. 12yrs		26. STATE WA		27. ZIP CODE 98672				
28. FATHER'S NAME — FIRST, MIDDLE, LAST Alden M. Anderson						29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Sylvia D. Clough											
30. INFORMANT — NAME Sheila Anderson				31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP PO Box 267 Husum, WA 98623													
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 10/11/2003		34. CEMETERY/CREMATORY — NAME Columbia River Crematory				35. LOCATION — CITY/TOWN, STATE White Salmon, Washington									
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				37. NAME OF FACILITY Gardner Funeral Home				38. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672									
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 <i>[Signature]</i>						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 <i>[Signature]</i> Coroner											
40. DATE SIGNED (Mo., Day, Yr) October 9, 2003				41. HOUR OF DEATH (24 Hrs.) 0218				44. DATE SIGNED (Mo., Day, Yr) October 9, 2003				45. HOUR OF DEATH (24 Hrs.) 0218					
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Tim O'Neill, Coroner 205 S. Columbus, Goldendale, WA 98620						46. PRONOUNCED DEAD (Mo., Day, Yr) October 7, 2003						47. HOUR PRONOUNCED DEAD (24 Hrs.) 0218					
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Tim O'Neill, Coroner 205 S. Columbus, Goldendale, WA 98620						49. ME/CORONER FILE NUMBER 2003-C-071											
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:																	
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.				A. HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death: Unknown									
				B. DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:									
				C. DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:									
				D. DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:									
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Chronic Obstructive Pulmonary Disease						52. AUTOPSY? (Yes / No) Yes		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes									
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 <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr) OCT 09 2003													