AFTER RECORDING MAIL TO:

Name Micheal Allen Bailey

Address 11815 SE Valley View Terrace

City / State Happy Valley, OR 97086

Sctc 30546

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH
2.
3.
4.

First American Title Company

REAL ESTATE EXCISE TAX

27807

OCT - 7 2008

PAID exempt

SKAMANIA COUNTY TREASURER

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. BAILEY, BARBARA LORENE
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. BAILEY, MICHEAL ALLEN
2.
3.
4.
5. ☐ Additional names on page _____ of document

Skamania County Assessor

Date 10/7/08 Parcel# 2-7-1-1-1-1800

zm

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots 3, 4, 5, 6 and 7 of Block 6 of the TOWN OF STEVENSON, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 11, in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-01-1-1-1800-00

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First: Barbara Middle: Lorene LAST: BAILEY Suffix:
2. Death Date: Feb. 12, 2006
3. Sex (M/F): Female
4a. Age – Last Birthday: 76
4b. Under 1 Year Months Days:
4c. Under 1 Day Hours Minutes:
5. Social Security Number: [redacted]
6. County of Death: Clark
7. Birthdate: June 20, 1929
8a. Birthplace (City, Town, or County): Newberg
8b. (State or Foreign Country): Oregon
9. Decedent's Education: High school graduate/ 12 years
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

Part 1 completed by Funeral Director

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 122 Shepherd Falls Rd.
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 ☐ Ur
14. Estimated length of time at residence: 46 years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): James Bailey
17. Usual Occupation (Indicate type of work done during most of working life) (DO NOT USE RETIRED): Homemaker
18. Kind of Business/Industry (Do not use Company Name): Own Home
19. Father's Name (First, Middle, Last, Suffix): Jack Kinney
20. Mother's Name Before First Marriage (First, Middle, Last): Charlotte Vaughn
21. Informant's Name: James Bailey
22. Relationship to Decedent: Husband
23. Mailing Address: Number and Street or RFD No. City or Town State Zip: P.O. Box 5 Carson, WA 98610
24. Place of Death, if Death Occurred in a Hospital: Inpatient
Place of Death, if Death Occurred Somewhere Other than a Hospital:
25. Facility Name (If not a facility, give number & street or location): Southwest Washington Medical Center
26a. City, Town, or Location of Death: Vancouver
26b. State: WA
27. Zip Code: 98664
28. Method of Disposition: Entombment
29. Place of Final Disposition (Name of cemetery, crematory, other place): Riverview Abbey Mausoleum
30. Location-City/Town, and State: Portland, OR
31. Name and Complete Address of Funeral Facility: Riverview Abbey Funeral Home 0319 SW Taylors Ferry Rd POrtland,OR 97219
32. Date of Disposition: Feb. 16, 2006
33. Funeral Director Signature X

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. Pneumonia. — Interval between Onset & Death

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 Obstructive Lung Disease. — Interval between Onset & Death

Due to (or as a consequence of):

c. — Interval between Onset & Death

Due to (or as a consequence of):

d. — Interval between Onset & Death

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

Part 2 completed by Certifier

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 X
48b. Medical Examiner/Coroner X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): CALVIN LEONG, 400 MOTHER JOSEPH PL VANCOUVER WA 98664
50. Hour of Death (24hrs): 0450
51. Name and Title of Attending Physician if Other than Certifier (Type or Print)
52. Date Signed (MM/DD/YYYY): 2/13/2006
53. Title of Certifier: MD
54. License Number
55. ME/Coroner File Number
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): FEB 1 - 2006
59. Amendments

DOH/CHS 003 Rev 2/06/2004 DOH 01-003 (3/09)

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THIS CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS CERTIFIES THIS COPY TO BE THE OFFICIAL