AFN #2008171615 Recorded 12/08/08 at 10:00 AM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

AFTER RECORDING MAIL TO:

Name Harold Wyninger

Address _____

City / State _____

Sct 98602

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

1. DEath Cert
2.
3.
4.

First American Title
REAL ESTATE EXCISE TAX
27864
DEC 08 2008
PAID EXEMPT
SKAMANIA COUNTY TREASURER
(Must be signed by this company use Only)

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. Wyninger, Frances Mae
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. Wyninger, Harold JR.
2.
3.
4.
5. ☐ Additional names on page _____ of document

Skamania County Assessor
Date 12-8-08 Parcel# 2-6-35-2-3-1100
SM

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

Lot 11, Block I of Woodard Marina Estates, property described in Auditors File NO. 60610, Pages 114 and 115 of Book A Plats and Records of Skamania County, State of Washington.
Together with shorelands of the second class as conveyed by the state of Washington fronting and abutting upon the above described property.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-06-35-2-3-1100-00

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.*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 2008-1007 **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
Frances	Mae	WYNINGER		Jan. 14, 2008

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
Female	80			[redacted]	Klickitat

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
May 2, 1927	Hoquiam	Washington	Associate's Degree - Nursing

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
692 Skamania Landing Road	Skamania

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98648	☐ 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)
39 Years	Married	Harold Wyninger

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)
Nurse	Nursing

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Frank Krache	Clara -

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip
Karen Wyninger	Daughter-in-law	P.O. Box 346 Carson, WA 98610

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
Inpatient	

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
Skyline Hospital	White Salmon	WA	98672

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 POB 390 White Salmon, WA 98672	Jan. 16, 2008

33. Funeral Director Signature X R. P. Durick

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. Respiratory Failure	24 hrs
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): Sarcoidosis	48 hrs
	c. Due to (or as a consequence of): Guillain-Barre Syndrome	32 yrs
	d. Due to (or as a consequence of):	

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 -	48b. Medical Examiner/Coroner -
X	X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Greg Zuck POB 1519 White Salmon, WA 98672	1725

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	Jan. 15, 2008

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	21874		☐ Yes ☒ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X	JAN 15 2008

59. Amendments

DOH 01-003 (5/99)

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