

WHEN RECORDED RETURN TO:

Chancey R. Davis Jr.
200 NE Ridgcrest Dr.
Stevenson WA 98648

DOCUMENT TITLE(S)

Death Cert

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Rosalind M Davis

☐ Additional names on page _____ of document.

GRANTEE(S):

Chancey R. Davis Jr.

☐ Additional names on page _____ of document.

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

See Attached

☒ Complete legal on page 3 of document.

TAX PARCEL NUMBER(S):

03753632046000

☐ 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.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST		2. Death Date					
Rosalind Marie DAVIS		March 4, 2008					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Female	56	Months Days	Hours Minutes		Clark		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Aug. 31, 1951	Livingston	Montana		some college no degree			
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., 824 SE 5th St.) (Include Apt. No.)				13b. City or Town			
200 Ridgcrest Road NE				Stevenson			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania		n/a		Washington		98648-	
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)			
28 years		married		Chancey Robert Davis			
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)			
Legal Secretary				County Government			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Richard Wright				Virginia VanGelder			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Chancey Davis		husband		200 Ridgcrest Rd NE, Stevenson, WA 98648			
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital:							
Southwest Washington Medical Center							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	
400 NE Mother Joseph Place				Vancouver		WA	
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, WA			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Gardner Funeral Home, PO Box 390, White Salmon, WA 98672				03/06/2008			
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. Sepsis with septic shock and edema resulting				Interval between Onset & Death	
		Due to (or as a consequence of):				18 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. hypotension of vital organs				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
		c.				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
		d.				Interval between Onset & Death	
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?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:			
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician - (To be filled out by physician, death occurred at the place of death, and physician is not a coroner or medical examiner)				48b. Medical Examiner/Coroner - (To be filled out by medical examiner or coroner, death occurred at the place of death, and physician is not a coroner or medical examiner)			
x Jackson Nagle (Jackson Nagle)				x			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
100 E 38th St Vancouver, WA 98663				Jackson Nagle			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				3/5/08			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
D.O.		OL 2000 012				<input type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
x				MAR 06 2008			
59. Amendments							

Exhibit "A"

ALL OF LOTS 4 AND 5 HILLTOP MANOR, ACCORDING TO THE AMENDED PLAT THEREOF ON FILE
AND OF RECORD AT PAGE 110 OF BOOK "A" OF PLATS, RECORDS OF SKAMANIA COUNTY,
WASHINGTON.

EXCEPT THE EASTERLY 39 FEET OF SAID LOT 5:

APN# 03753632046000



Washington State
Department of Revenue
Special Programs Division
PO Box 47477
Olympia, WA 98504-7477

-Sample Format-
**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of SKAMANIA

Name of deceased Rosalind M Davis

I, (survivor's name) Chancey R. Davis JR. affirm that I am the
sole and rightful heir to the property described as:

Parcel number(s) 03753632046000

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 24th day of February, 2009 at Stevenson, WA
(month) (year) (city) (state)

Chancey R. Davis Jr.
(Signature of surviving spouse or registered domestic partner)

Chancey R. Davis JR.
(Printed name of surviving spouse or registered domestic partner)

200 NE Ridgcrest Dr. Stevenson WA 98648
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.