AFN #2009174393 Recorded 11/30/09 at 03:44 PM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor's Office Skamania County, WA

EOR 31496

AFTER RECORDING MAIL TO:

Name Northwest Trustee Services C/O Blake Spencer

Address 11830 SW Kerr Parkway # 385

City / State Lake Oswego, OR 97035

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

1. Death Certificate
2.
3.
4.

First American Title Insurance Company

(this space for title 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. BANASZEK, KIRA CARISA LARSON
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. Public
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

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

Washington State Certificate of Death

State File Number y 58812

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Kira	Larisa	Larson Banaszek		May 8, 2009

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	31			[redacted]	Skamania

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
Oct. 1, 1977	Portland	Oregon	High School Graduate

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
270 NE Wisteria Way	Stevenson

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 or Domestic Partner's Name (Give name prior to first marriage)
3 Years	Married	Darcy Banaszek

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)
Waitress	Restaurant

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Harold William Larson	Judy Ann Carsten

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip
Judy Larson	Mother	482 Summer Road 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
270 NE Wisteria Way	Stevenson	WA	98648

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	May 14, 2009

33. Funeral Director Signature X [signature]

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. Gunshot wound to the head	Immediate
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):	
	c. Due to (or as a consequence of):	
	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

Part 2 completed by Certifier

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 ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of 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?
May 8, 2009	0630	Decedent's Home	☐ Yes ☒ No ☐ Unk

45. Location of Injury: Number & Street: 270 NE Wisteria Way, Stevenson, Skamania, Washington 98648 Apt No.
City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred	47. If transportation injury, specify:
Inflicted by other	☐ 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 stated.	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.
X	X [signature]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Daniel C. McGill PO Box 790 Stevenson, WA 98648	1537 Pronounced
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY) 5/13/2009

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
Deputy Coroner		09-03216	☑ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X [signature]	05/13/2009

59. Amendments

DOH/CHS 003 Rev 07/2007 DOH 01-003 (5/99)