Ser 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 LARISA 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.*

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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: Kira Middle: Larisa LAST: Larson Suffix: Banaszek
2. Death Date: May 8, 2009
3. Sex (M/F): Female
4a. Age – Last Birthday: 31
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: Oct. 1, 1977
8a. Birthplace (City, Town, or County): Portland
8b. (State or Foreign Country): Oregon
9. Decedent's Education: High School Graduate
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
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 270 NE Wisteria Way
13b. City or Town: Stevenson
13c. Residence: County: Skamania
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98648
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 3 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Darcy Banaszek
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Waitress
18. Kind of Business/Industry (Do not use Company Name): Restaurant
19. Father's Name (First, Middle, Last, Suffix): Harold William Larson
20. Mother's Name Before First Marriage (First, Middle, Last): Judy Ann Carsten
21. Informant's Name: Judy Larson
22. Relationship to Decedent: Mother
23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 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): 270 NE Wisteria Way
26a. City, Town, or Location of Death: Stevenson
26b. State: WA
27. Zip Code: 98648
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Columbia River Crematory
30. Location-City/Town, and State: White Salmon, Washington
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672
32. Date of Disposition: May 14, 2009
33. Funeral Director Signature X

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Gunshot wound to the head — Interval between Onset & Death: Immediate

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. — 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
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): May 8, 2009
42. Hour of Injury (24hrs): 0630
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): Decedent's Home
44. Injury at Work? ☐ 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: Inflicted by other
47. If transportation injury, specify: ☐ 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. X
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
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Daniel C. McGill PO Box 790 Stevenson, WA 98648
50. Hour of Death (24hrs): 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: Deputy Coroner
54. License Number:
55. ME/Coroner File Number: 09-03216
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): 05/13/2009
59. Amendments

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

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