AFN #2010174936 Recorded 02/22/10 at 10:41 AM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

AFTER RECORDING RETURN TO:

Laurie Carr
1215 Sherman Ave
Hood River OR 97031

SCR 3/625

Document Title(s): (or transactions contained therein)
1. Death Certificate
2.
3.
4.

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. Campbell, Fay Josephine
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
28417
FEB 22 2010
PAID exempt
Vicki Clelland
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Schmid, Wendy
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

Ptn N2 SW NE 21-3-10

☐ Complete legal description is on page _____ of document

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

03-10-21-1-0-1100-00

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE USE ONLY

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 12

1 DISTRICT: D-2
2 COPIES: L
3 HOSPITAL
4 OCCURRENCE
5 RESIDENCE
6 TRACT
7 OCCUPATION
8
9
10
11
12
13
14
15
16
17
18
19
20
21 ACC./LOC.
22 QUERIES
23
24

DECEDENT

1. NAME—FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (Mo., Day, Yr.)	146	3 16157 STATE FILE NUMBER
Fay Josephine CAMPBELL	Female	16 Jun 1990		

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS. / DAYS	6. UNDER 1 DAY HOURS / MINS.	7. BIRTHDATE (Mo., Day, Yr.)	8. BIRTH STATE (If not in USA give country)	9. CITIZEN OF WHAT COUNTRY?	10. COUNTY OF DEATH
60			1/14/1930	Washington	U.S.A.	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☒ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR. HOME 6. ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes/No)
Underwood	Star Route Box 98	no

14. MARITAL STATUS — Married, Never Married, Widowed, Divorced, (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17. SOCIAL SECURITY NO.	18. HIGH SCHOOL GRADUATE? (Yes/No)
Married	Glenn E. Campbell	No	[redacted]	No

19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20. KIND OF BUSINESS OR INDUSTRY	21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. ☐ Yes 2. ☒ No	22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify)
Court Clerk	District Court		White

23. RESIDENCE - NUMBER AND STREET	24. CITY/TOWN, OR LOCATION	25. INSIDE CITY LIMITS? (Yes/No)	26. COUNTY	27. STATE	28. ZIP CODE
Star Route Box 98	Underwood	No	Skamania	Washington	98651

PARENTS

29. FATHER'S NAME—FIRST, MIDDLE, LAST	30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
John A. Marlett	Jeanette - Williamson

31. INFORMANT—NAME	32. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Glenn Campbell	Box 98 Underwood, WA 98651			

DISPOSITION

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34. DATE (Mo, Day, Yr.)	35. CEMETERY/CREMATORY—NAME	36. LOCATION—CITY/TOWN, STATE
Burial	6/20/90	White Salmon Cemetery	White Salmon, WA

37. FUNERAL DIRECTOR SIGNATURE	38. NAME OF FACILITY	39. ADDRESS OF FACILITY
X R. Pilcher	GARDNER FUNERAL HOME, INC. White Salmon, WA 98672	Box 390

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE
X

42. DATE SIGNED (Mo., Day, Yr.)	43. HOUR OF DEATH (24 Hrs.)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. 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) STATED

SIGNATURE AND TITLE
X [signature], County Coroner

44. DATE SIGNED (Mo., Day, Yr.)	45. HOUR OF DEATH (24 Hrs.)
June 25, 1990	1210

46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	47. PRONOUNCED DEAD (Mo., Day, Yr.)	48. HOUR PRONOUNCED DEAD (24 Hrs.)
	June 16, 1990	1246

49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA

CAUSE OF DEATH

50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) Cardiopulmonary Arrest	Several Months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	DUE TO, OR AS A CONSEQUENCE OF: (B) Medistatic Breast Cancer	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF: (C)	INTERVAL BETWEEN ONSET AND DEATH

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes, No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
	No	Yes

54. ACC., SUICIDE, HO., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr.)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED

58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. REGISTRAR SIGNATURE	62. DATE RECEIVED (Mo., Day, Yr.)
X Karen Steingart, MD	June 25, 1990

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)

DOH 01-003 (5/99)