AFN #2010175356 Recorded 04/28/10 at 12:02 PM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

When recorded mail to:
First American Lenders Advantage
1100 Superior Avenue, Suite 200
Cleveland, Ohio 44114
Attn: Recording Coordinators

1202

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

1. Death Certificate 2. _____
3. _____ 4. _____

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) (Last name, first name, initials)

1. Buck, Paul H. _____, _____
2. _____, _____

Additional names on page _____ of document.

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

1. Public _____, _____
2. _____, _____

Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Lot 48 Columbia Hts BK A PG 136

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number ☐ Assessor Tax # not yet assigned

03082941280000

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

_____ Signature of Requesting Party

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number | State File Number

Part 1 Completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Paul | Middle: Harlan | LAST: BUCK | Suffix:
2. Death Date: April 10, 2009
3. Sex (M/F): Male
4a. Age – Last Birthday: 47
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: Dec. 7, 1961
8a. Birthplace (City, Town, or County): Green Bay
8b. (State or Foreign Country): Wisconsin
9. Decedent's Education: Some College; No Degree
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?: Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 101 Juniper
13b. City or Town: Carson
13c. Residence: County: Skamania
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98610
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 16 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Norma Ann Celler
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Dispatcher
18. Kind of Business/Industry (Do not use Company Name): Trucking
19. Father's Name (First, Middle, Last, Suffix): Gordon Oliver Buck
20. Mother's Name Before First Marriage (First, Middle, Last): Bonita Mae Olson
21. Informant's Name: Norma Buck
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: PO Box 566 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): 101 Juniper
26a. City, Town, or Location of Death: Carson
26b. State: WA
27. Zip Code: 98610
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, WA
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98610
32. Date of Disposition: 4-14-2009
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.	Metastatic squamous cell carcinoma oropharynx	11 years
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 — Due to (or as a consequence of): b.		
Due to (or as a consequence of): c.		
Due to (or as a consequence of): d.		

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):
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 – To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X [signature: Pennington MD]
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): James Pennington 1021 June Ave. Hood River, OR 97031
50. Hour of Death (24hrs): 1435
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 4/13/09
53. Title of Certifier: MD
54. License Number: 17665
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X [signature]
58. Date Received (MM/DD/YYYY): APR 14 2009
59. Amendments

SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 07/2009
DOH 01-003 (5/99)