AFN #2010175361 Recorded 04/29/10 at 11:38 AM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

AFTER RECORDING MAIL TO:

Name David & Glenda West

Address PO Box 796

City / State Carson, WA 98610

SCTC 31745

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

1. CERTIFICATE OF DEATH
2.
3.
4.

First American Title Insurance Company

REAL ESTATE EXCISE TAX

28253

APR 29 2010

PAID Exempt

cy deputy

SKAMANIA COUNTY TREASURER

(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. WEST, FLORENCE LUELLA
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. WEST, DAVID L.
2. WEST, GLENDA L.
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)

Lot 1, Block 2, EVERGREEN ACRES, according to the plat thereof, recorded in Book 'A' of Plats, Page 142, in the County of Skamania, State of Washington.

Skamania County Assessor
Date 4-29-10 Parcel# 3-8-21-2-3800

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-21-2-0-3800-00

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

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Florence	Middle: Luella	LAST: WEST	Suffix:	2. Death Date: Aug. 4, 2009	
3. Sex (M/F): Female	4a. Age – Last Birthday: 85	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes	5. Social Security Number: [redacted]	6. County of Death: Skamania
7. Birthdate: Jan. 22, 1924	8a. Birthplace (City, Town, or County): Yreka	8b. (State or Foreign Country): California	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.): 12 Dogwood			13b. City or Town: Carson		
13c. Residence: County: Carson	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: 20 Years	15. Marital Status at Time of Death: Widowed	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Homemaker		18. Kind of Business/Industry (Do not use Company Name): Own Home			
19. Father's Name (First, Middle, Last, Suffix): Charles Arthur Baldwin		20. Mother's Name Before First Marriage (First, Middle, Last): Clara Moser Haug			
21. Informant's Name: Dave West	22. Relationship to Decedent: Son	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: PO Box 796 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): 12 Dogwood		26a. City, Town, or Location of Death: Carson	26b. State: WA	27. Zip Code: 98610	
28. Method of Disposition: Burial/Removal From State	29. Place of Final Disposition (Name of cemetery, crematory, other place): Willamette National Cemetery		30. Location-City/Town, and State: Portland, Oregon		
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672				32. Date of Disposition: Aug. 11, 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. Respiratory arrest R/T Brain tumor	~2 months
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. cardiac arrest R/T severe coronary stenosis	~6 months
	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)	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]	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): Deana Dahl PO Box 390 Stevenson, WA 98648	50. Hour of Death (24hrs): 2310
51. Name and Title of Attending Physician if other than Certifier (Type or Print):	52. Date Signed (MM/DD/YYYY): 8/7/09
53. Title of Certifier: ARNP	54. License Number: WA AP 3000544
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): AUG 11 2009
59. Amendments	

DOH/CHS 003 Rev.07/05/?? DOH 01-003 (6/99)