AFTER RECORDING RETURN TO:

Curt Simmons
PO Box 232
White Salmon WA 98672

SCA 32110

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. Graham, Alma Marie
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
28923
JAN 19 2011
PAID exempt
Vicki Chilcote
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. The 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
Sec 17, T3N, R8E

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel/Account Number(s):
03-08-17-3-0-0800-00

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 2009-1058 — **Washington State Certificate of Death** — State File Number

3

1. Legal Name (Include AKA's if any) First: Alma	Middle: Marie	LAST: GRAHAM	Suffix:
2. Death Date: Dec. 23, 2009			
3. Sex (M/F): Female	4a. Age - Last Birthday: 94	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]	6. County of Death: Klickitat		
7. Birthdate: April 28, 1915	8a. Birthplace (City, Town, or County): Carson	8b. (State or Foreign Country): Washington	9. Decedent's Education: Unknown
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.): 201 Fuller Rd.	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: 41 Years	15. Marital Status at Time of Death: Widowed	16. Surviving Spouse'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): Henry Fuller	20. Mother's Name Before First Marriage (First, Middle, Last): Jessie Iman		
21. Informant's Name: Bev Simmons	22. Relationship to Decedent: Niece	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: PO Box 1974 White Salmon, WA 98672	
24. Place of Death, if Death Occurred in a Hospital: Inpatient - Hospital	Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location): Skyline Hospital	26a. City, Town, or Location of Death: White Salmon	26b. State: WA	27. Zip Code: 98672
28. Method of Disposition: Burial	29. Place of Final Disposition (Name of cemetery, crematory, other place): Old Carson Cemetery	30. Location-City/Town, and State: Carson, Washington	
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672	32. Date of Disposition: Jan. 2, 2010		
33. Funeral Director Signature X: [signature]			

Part 1 completed by Funeral Director

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. Congestive Heart Failure	many years ago
	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. Atherosclerosis	7-10 yrs
	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

Part 2 completed by Certifier

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): R. Allen LaBerge PO Box 1519 White Salmon, WA 98672

50. Hour of Death (24hrs): 1900

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY): 12-30-09

53. Title of Certifier: MD

54. License Number: MD00033023

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): DEC 31 2009

59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 008 Rev. 2/06 DOH 01-003 (5/99)

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THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

EXHIBIT 'A'

A tract of land located in the South Half of the Northeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East, of the Willamette Meridian, described as follows:

Beginning at the Northwest Corner of the South Half of the Northeast Quarter of the Southwest Quarter of said Section 17; Thence East 208 feet; Thence 25 feet to the initial point of the tract hereby described; Thence East 65 feet; Thence South 183 feet; Thence West 64 feet; Thence North 183 feet to the initial point.

Skamania County Assessor
Date 1-19-11 Parcel# 3-8-17-3-800

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