AFN #2011177540 Recorded 01/24/11 at 01:17 PM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

AFTER RECORDING MAIL TO:

Name Howard Ostroski

Address 3632 Cook-Underwood Road

City / State Cook, WA 98605

Sctc 32112

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

1. CERTIFICATE OF DEATH
2.
3.
4.

REAL ESTATE EXCISE TAX
First American Title Insurance Company
28927
JAN 24 2011
PAID Exempt
by 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. OSTROSKI, ANTOINETTE
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. OSTROSKI, HOWARD
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)

A tract of land in Lot 6 Oregon Lumber Company Subdivision according to the recorded plat thereof, recorded in Book A of Plats, Page 29, in the County of Skamania, State of Washington, described as follows: Lot 3 of the Sylvester G. Ostroski Short Plat, recorded in Book 3, of Short Plats, Page 161, in Skamania County Records. Except that portion conveyed to Marc F. Thompson et ux by instrument, recorded in Book 191, Page 246, being the West Half of the North 323 feet of said Lot 3.

☐ Complete legal description is on page XXXXXX of document

Assessor's Property Tax Parcel / Account Number(s): 03-09-14-3-0-0200-00

Skamania County Assessor
Date 1-24-11 Parcel# 3-9-14-3-200

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

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 / Middle / LAST / Suffix: Antoinette OSTROSKI
2. Death Date: Oct. 19, 2010
3. Sex (M/F): Female
4a. Age - Last Birthday: 89
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: April 29, 1921
8a. Birthplace (City, Town, or County): Hatley
8b. (State or Foreign Country): Wisconsin
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.): 3541 Cook-Underwood Road
13b. City or Town: Mill A
13c. Residence: County: Skamania
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98605
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 50 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): Cook
18. Kind of Business/Industry (Do not use Company Name): School District
19. Father's Name (First, Middle, Last, Suffix): Walter Nevinski
20. Mother's Name Before First Marriage (First, Middle, Last): Bernice
21. Informant's Name: Howard Ostroski
22. Relationship to Decedent: Son
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 3632 Cook-Underwood Road Cook, WA 98605
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): 3541 Cook-Underwood Road
26a. City, Town, or Location of Death: Mill A
26b. State: WA
27. Zip Code: 98605
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 1270 N. Main Ave./PO Box 390 White Salmon, WA 98672
32. Date of Disposition: Oct 21, 2010
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. Congestive Heart Failure	10 years
	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. Bladder cancer	5 years
	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 ☒ No ☐ Probably ☐ 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): Steve Koontz PO Box 1519 White Salmon, WA 98672
50. Hour of Death (24hrs): 1315
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 10-20-2010
53. Title of Certifier: PA-C
54. License Number: WA 1000...
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): OCT 20 2010
59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 07/09/07
DOH 01-003 (5/98)