

AFTER RECORDING MAIL TO:

Name Howard Ostroski

Address 3632 Cook-Underwood Road

City/State Cook, WA 98605

cdc 32112

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

1. CERTIFICATE OF DEATH

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. 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

☐ Complete legal description on page XXXXX of document

West Half of the North 323 feet of said Lot 3.

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

Skamania County Assessor

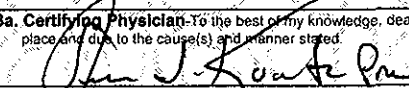
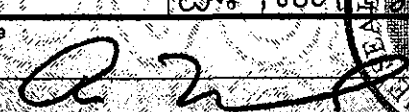
Date 1-24-11 Parcel# 3-9-14-3-200

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.

REAL ESTATE EXCISE TAX
Title Insurance Company
JAN 24 2011
PAID exempt
by deputy
SKAMANIA COUNTY TREASURER
(this space for title company use only)

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First, Middle, LAST		2. Death Date			
Antoinette OSTROSKI		Oct. 19, 2010			
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Female	89	Months	Days		Skamania
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
April 29, 1921	Hatley	Wisconsin	High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?
No			White		No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town	
3541 Cook-Underwood Road				Mill A	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania		Washington	98605	☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence:		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
50 Years		Widowed			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))			18. Kind of Business/Industry (Do not use Company Name)		
Cook			School District		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Walter Nevinski			Bernice		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip		
Howard Ostroski		Son	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)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
3541 Cook-Underwood Road			Mill A	WA	98605
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Columbia River Crematory		White Salmon, Washington	
31. Name and Complete Address of Funeral Facility			32. Date of Disposition		
Gardner Funeral Home 1270 N. Main Ave./PO Box 390 White Salmon, WA 98672			Oct 21, 2010		
33. Funeral Director Signature X 					
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →				Interval between Onset & Death	
a. <u>Coronary Heart Disease</u>				10 y Bxms	
Due to (or as a consequence of):					
b. <u>Bladder Cancer</u>				Interval between Onset & Death	
Due to (or as a consequence of):				5 y Bxms	
c. <u></u>				Interval between Onset & Death	
Due to (or as a consequence of):					
d. <u></u>				Interval between Onset & Death	
Due to (or as a consequence of):					
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		39. If female		40. Did tobacco use contribute to death?	
☒ Natural ☐ Homicide		☐ Not pregnant within past year		☐ Yes ☐ Probably	
☐ Accident ☐ Undetermined		☐ Not pregnant, but pregnant within 42 days before death		☒ No ☐ Unknown	
☐ Suicide ☐ Pending		☐ Pregnant at time of death			
		☐ Unknown if pregnant within the past year			
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.				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 				X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)	
Steve Koontz PO Box 1519 White Salmon, WA 98672				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	54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
PAC	WS 1000150			☒ Yes ☐ No	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)	
X 				Oct 20 2010	
59. Amendments					