Return Address:
Connors & Lanz
Attorneys at Law
Post Office Box 1116
White Salmon, WA 98672

Document Title(s) or transactions contained herein:

DEATH CERTIFICATE, certified copy

GRANTOR(S) (Last name, first name, middle initial)

JOHNSON, MERLE ROBERT

[ ] Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

THE PUBLIC

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Lot 8, TOWN OF UNDERWOOD, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 14 in the County of Skamania, State of Washington.

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-10-23-2-0-0412/00

[ ] Property Tax Parcel ID is not yet assigned
[ ] Additional parcel numbers on page _____ of document.

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.

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

541

Local File Number D-2 21 **Washington State Certificate of Death** State File Number 6 57999

1. Legal Name (Include AKA's if any) First: Merle Middle: Robert LAST: JOHNSON Suffix:	2. Death Date: May 7, 2006
3. Sex (M/F): Male	4a. Age – Last Birthday: 69
4b. Under 1 Year: Months Days	4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]	6. County of Death: Skamania
7. Birthdate: Oct. 23, 1936	8a. Birthplace (City, Town, or County): White Salmon
8b. (State or Foreign Country): Washington	9. Decedent's Education: Bachelor's 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.): 131 Weather Rock Rd.	13b. City or Town: Underwood
13c. Residence: County: Skamania	13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98651
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence.: 2½ Years	15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Judith Fay Bryan	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Industrial Design	18. Kind of Business/Industry (Do not use Company Name): Aerospace
19. Father's Name (First, Middle, Last, Suffix): Clarence O. Johnson	20. Mother's Name Before First Marriage (First, Middle, Last): Maxine B. Headman
21. Informant's Name: Judith Johnson	22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No. 131 Weather Rock Road City or Town Underwood State WA Zip 98651	
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): 131 Weather Rock Rd.	26a. City, Town, or Location of Death: Underwood
26b. State: WA	27. Zip Code: 98651
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 POB 390/White Salmon, WA 98672	32. Date of Disposition: May 9, 2006
33. Funeral Director Signature X	

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Rectal Cancer — Interval between Onset & Death: 12 months

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. Due to (or as a consequence of): — Interval between Onset & Death:

c. Due to (or as a consequence of): — Interval between Onset & Death:

d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Prostate Cancer, Diabetes

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 ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of 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)

Part 2 completed by Certifier

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 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): Allen LaBerge, MD POB 1519 White Salmon, WA 98672

50. Hour of Death (24hrs): 1330

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

52. Date Signed (MM/DD/YYYY): 5-8-2006

53. Title of Certifier: MD

54. License Number: MD00033033

55. ME/Coroner File Number

56. Was case referred to ME/Coroner? ☒ Yes ☐ No

57. Registrar Signature X

58. Date Received (MM/DD/YYYY): May 10, 2006

59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (6/10)

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