AFN #2011178861 Recorded 08/17/2011 at 09:36 AM DocType: DEATH Filed by:
CONNORS & LANZ Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number: D-2 21 | State File Number: 6 57999

Part 1 completed by Funeral Director

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., City or Town, State, Zip: 131 Weather Rock Road Underwood, WA 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 2 completed by Certifier

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. Metastatic Rectal Cancer	Due to (or as a consequence of):	12 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	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 ☐ 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] 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 [signature] | 58. Date Received (MM/DD/YYYY): May 10, 2006

59. Amendments

DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (6/10)