AFN #2013000357 Recorded 02/25/2013 at 09:30 AM DocType: DEATH Filed by:
COLUMBIA GORGE TITLE Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

Return Address:
Northwest Trustee Services, INC
6 Centerpointe Drive, Ste 360
Lake Oswego, OR 97035

513-0035

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document **must** be filled in)

1. Death Certificate _____ 2. _____
3. _____ 4. _____

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) (Last name, first name, initials)
1. Erickson, Millie Marvina
2. _____, _____

Additional names on page _____ of document.

Grantee(s) (Last name first, then first name and initials)
1. State of Washington
2. _____, _____

Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

_____

_____

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number ☐ Assessor Tax # not yet assigned

_____

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 provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

_____Signature of Requesting Party

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1 Local File Number 128

Washington State Certificate of Death

State File Number **2012 40157**

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Millie	Middle: Marvina	LAST: ERICKSON	Suffix:	2. Death Date: 01-14-2012	
3. Sex (M/F): F	4a. Age – Last Birthday: 71 Years	4b. Under 1 Year Months / Days:	4c. Under 1 Day Hours / Minutes:	5. Social Security Number:	6. County of Death: Clark
7. Birthdate:	8a. Birthplace (City, Town, or County): Camas	8b. (State or Foreign Country): Washington	9. Decedent's Education: GED Completed		
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.): 241 Newquist Road				13b. City or Town: Washougal	
13c. Residence: County: Skamania	13d. Tribal Reservation Name (if applicable): N/A	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98671	13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence.: 5 Years	15. Marital Status at Time of Death: Divorced	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): N/A			
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): Marvin Mills		20. Mother's Name Before First Marriage (First, Middle, Last):			
21. Informant's Name: Lori Erickson	22. Relationship to Decedent: Daughter	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 241 Newquist Road Washougal WA 98671			
24. Place of Death, if Death Occurred in a Hospital: Inpatient		Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location): Legacy Salmon Creek Hospital		26a. City, Town, or Location of Death: Vancouver	26b. State: WA	27. Zip Code: 98666	
28. Method of Disposition: Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place): Oregon First Call Plus		30. Location-City/Town, and State: Portland, Oregon		
31. Name and Complete Address of Funeral Facility: Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607				32. Date of Disposition: January 17, 2012	
33. Funeral Director Signature X: Ron A Brown					

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. Multiple organ failure	
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	Due to (or as a consequence of): b. Acute gastrointestinal bleed	
	Due to (or as a consequence of): c. End stage diastolic heart failure	
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: chronic renal disease stage 3, recurrent ascites, Atrial fibrillation, Mitral Valve replacement

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 Miramontes 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)	50. Hour of Death (24hrs)
Teresa Miramontes MD 2211 NE 139th St Vancouver WA 98685	18:40
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY) 1/15/2012

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	44269		☐ Yes ☒ No

57. Registrar Signature X

58. Date Received (MM/DD/YYYY): JAN 17 2012

59. Amendments

DOH/CHS 003 Rev 07/09/07

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (12/11)