AFN #2013001409 Recorded 07/02/2013 at 01:24 PM DocType: DEATH Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:
Miller Nash-Attorneys at law
Attn: Kathy Folkers
500 East Broadway, Ste 400
Vancouver, WA 98660-3324

CCT 00143876 NON

DOCUMENT TITLE(S):
Washington State Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
1. Hawkins, Dixie Alice

GRANTEE:
1. The Public

☐ If this box is checked, then the following applies:
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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number

Washington State Certificate of Death

State File Number: 2011 74643

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Dixie	Middle: Alice	LAST: HAWKINS	Suffix	2. Death Date: Dec. 23, 2011
3. Sex (M/F): Female	4a. Age – Last Birthday: 66	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes	5. Social Security Number: [redacted]
6. County of Death: Skamania				
7. Birthdate: Nov. 3, 1945	8a. Birthplace (City, Town, or County): Yakima	8b. (State or Foreign Country): Washington	9. Decedent's Education: 11th Grade	
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.): 22 Vine Maple Loop			13b. City or Town: Carson	
13c. Residence: County: Skamania	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98610	13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 38 Years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Lloyd Dwayne Hawkins		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Fruit Packer		18. Kind of Business/Industry (Do not use Company Name): Fruit Warehouse		
19. Father's Name (First, Middle, Last, Suffix): Richard M. Beard		20. Mother's Name Before First Marriage (First, Middle, Last): Alice May Tremmel		
21. Informant's Name: Lloyd Hawkins	22. Relationship to Decedent: Husband	23. Mailing Address: Number and Street or RFD No. PO Box 115 / City or Town: Carson, WA / State / Zip: 98610		
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): 22 Vine Maple Loop		26a. City, Town, or Location of Death: Carson	26b. State: WA	27. Zip Code: 98610
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./POB 390 White Salmon, WA 98672			32. Date of Disposition: Dec. 29, 2011	
33. Funeral Director Signature X: [signature]				

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. Ovarian Cancer	11 mos
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.	Interval between Onset & Death
	Due to (or as a consequence of): c.	Interval between Onset & Death
	Due to (or as a consequence of): d.	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Right-sided cerebrovascular accident (stroke)

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)	50. Hour of Death (24hrs)
Tina Castanares 1630 Woods Court Hood River, OR 97031	1911
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY): 12/28/2011
53. Title of Certifier: Medical Director Providence Hospice of the Gorge	54. License Number: MD [illegible] / 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): 12/29/2011
59. Amendments	

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (1/13)