AFN #2013001455 Recorded 07/10/2013 at 01:50 PM DocType: DEATH Filed by:
COLUMBIA GORGE TITLE Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

Return Address:
Northwest Trustee Services, INC
7042.10325 MF
6 Centerpointe Drive, Ste 360
Lake Oswego, OR 97035

S 13-0195

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. Anderson Jr., Jack Evans
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

Local File Number 35 | **Washington State Certificate of Death** | State File Number 2012 71838

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1. Legal Name (Include AKA's if any) First: Jack | Middle: Evans | LAST: Anderson, Jr. | Suffix:
2. Death Date: Dec 31, 2012
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: Clark
7. Birthdate: [redacted]
8a. Birthplace (City, Town, or County): Seattle
8b. (State or Foreign Country): Washington
9. Decedent's Education: 12th 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.): 510 NE 3rd Avenue
13b. City or Town: Battle Ground
13c. Residence: County: Clark
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98604
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 4 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Phyllis J. Moffitt
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Maitainance
18. Kind of Business/Industry (Do not use Company Name): City Government
19. Father's Name (First, Middle, Last, Suffix): Jack Evans Anderson, Sr.
20. Mother's Name Before First Marriage (First, Middle, Last):
21. Informant's Name: Phyllis Anderson
22. Relationship to Decedent: Spouse
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 510 NE 3rd Avenue, Battle Ground, WA 98604
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home
25. Facility Name (If not a facility, give number & street or location): 510 NE 3rd Avenue
26a. City, Town, or Location of Death: Battle Ground
26b. State: WA
27. Zip Code: 98604
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Lower Columbia Crematory, Inc.
30. Location-City/Town, and State: Vancouver, WA
31. Name and Complete Address of Funeral Facility: Cascadia Cremation & Burial Services, Inc. 6303 E. 18th Street, Ste A, Vancouver, WA 98661
32. Date of Disposition: Jan 4, 2013
33. Funeral Director Signature X: James A. Hellen, Jr.

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. Respiratory failure	hours
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): Pneumonia	days
	c. Due to (or as a consequence of): Sevo Influenza	days
	d. Due to (or as a consequence of): severe emphysema	years

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: lung cancer requiring pneumonectomy
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]

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): MD or Associates, 700 NE 89th Ave Suite 250 Vancouver, WA 98604
50. Hour of Death (24hrs): 1000 Hours
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 1/4/13
53. Title of Certifier: Pulmonary Physician
54. License Number: MD60102453
ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X:
58. Date Received (MM/DD/YYYY): JAN 04 2013
59. Amendments:

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (1/13)