AFN #2013002308 Recorded 10/22/2013 at 01:06 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
6 Centerpointe Drive, Ste 360
Lake Oswego, OR 97035

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. 7303.24964
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. Lloyd James Dunahoo.

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)
Lot 19, Block 6, Relocated North Bonneville, according to the plat thereof, recorded in Book "B", Page 12, Skamania County, State of WA

Assessor's Property Tax Parcel/Account Number ☐ Assessor Tax # not yet assigned
02-07-20-0-4-3360-00

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

Washington State Certificate of Death

State File Number **2010 52460**

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Lloyd	Middle: James	LAST: Dunahoo	Suffix: Aka Jim	2. Death Date: 04/20/2010	
3. Sex (M/F): M	4a. Age – Last Birthday: 87	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes	5. Social Security Number: [redacted]	6. County of Death: Skamania
7. Birthdate: [redacted]	8a. Birthplace (City, Town, or County): The Dalles	8b. (State or Foreign Country): Oregon	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.): 619 Shahala East				13b. City or Town: North Bonneville	
13c. Residence: County: Skamania	13d. Tribal Reservation Name (if applicable): N/A	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98639	13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk	
14. Estimated length of time at residence: 19 years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Merrilee Baisinger			
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Bookkeeper		18. Kind of Business/Industry (Do not use Company Name): Business			
19. Father's Name (First, Middle, Last, Suffix): Lloyd K. Dunahoo		20. Mother's Name Before First Marriage (First, Middle, Last): [redacted]			
21. Informant's Name: Merrilee Dunahoo	22. Relationship to Decedent: Spouse	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 619 Shahala East, North Bonneville, Washington 98639			
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): 619 Shahala East		26a. City, Town, or Location of Death: North Bonneville	26b. State: WA	27. Zip Code: 98639	
28. Method of Disposition: Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place): Cascade Cremation Center	30. Location-City/Town, and State: Tualatin, Oregon			
31. Name and Complete Address of Funeral Facility: Crown Memorial Center, 17064 SE McLoughlin Boulevard, Milwaukie, OR 97267				32. Date of Disposition: 04/28/2010	
33. Funeral Director Signature X: John M. Mallon					

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. Coronary Arrest	Due to (or as a consequence of):	Immediate
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. Parkinson's Disease	Due to (or as a consequence of):	9 years
	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: N/A	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	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): Daniel C. McGill PO Box [redacted] Stevenson, WA [redacted]		50. Hour of Death (24hrs): 1800
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY): 04/28/2010

53. Title of Certifier: Dep. Coroner	54. License Number: 3927	ME/Coroner File Number	56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X			58. Date Received (MM/DD/YYYY): 04/28/2010
59. Amendments			

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (1/13)