WHEN RECORDED RETURN TO:

Gust & Elizabeth Mann
5815 Oklahoma Drive
Vancouver, WA 98661

REAL ESTATE EXCISE TAX
30383
NOV 14 2013
PAID Exempt
Vicki Clelland, Deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S):
Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Vasilia M. Stenberg

To remove life estate

GRANTEE:
Katherine Alice Mann who acquired title as Katherine Alice Putnam, An Unmarried Woman; Gust John Mann, A Married Man As His Sole and Separate Property; Paul Michael Mann, A Married Man As His Sole and Separate Property

LEGAL DESCRIPTION:
Lots 14, 15 and 16, Block 7, TOWN OF STEVENSON, recorded in Book 1, Page 11 of Plat Records, in the City of Stevenson, County of Skamania and State of Washington.

TAX PARCEL NUMBER(S):
02-07-01-1-1-4100-00

Skamania County Assessor
Date 11-14-13 Parcel# 2-7-1-1-4100
YM

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 2010-1001

Washington State Certificate of Death

State File Number **2010 41716**

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Vasilia Middle: M. LAST: STENBERG Suffix: "Vicky"
2. Death Date: Jan. 16, 2010
3. Sex (M/F): Female
4a. Age – Last Birthday: 84
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Klickitat
7. Birthdate: May 13, 1925
8a. Birthplace (City, Town, or County): Stevenson
8b. (State or Foreign Country): Washington
9. Decedent's Education: 9-12 Grade, No Diploma
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.): 267 Seymour St.
13b. City or Town: Stevenson
13c. Residence: County: Skamania
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98648
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 84 Years
15. Marital Status at Time of Death: Widowed
16. Surviving Spouse's Name (Give name prior to first marriage):
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): Gust John Melonas
20. Mother's Name Before First Marriage (First, Middle, Last): Katherine Zaharopolous
21. Informant's Name: Paul Mann
22. Relationship to Decedent: Son
23. Mailing Address: Number and Street or RFD No / City or Town / State / Zip: PO Box 55 Underwood, WA 98651
24. Place of Death, if Death Occurred in a Hospital: Inpatient-Hospital
Place of Death, if Death Occurred Somewhere Other than a Hospital:
25. Facility Name (If not a facility, give number & street or location): Skyline Hospital
26a. City, Town, or Location of Death: White Salmon
26b. State: WA
27. Zip Code: 98672
28. Method of Disposition: Burial
29. Place of Final Disposition (Name of cemetery, crematory, other place): Stevenson Cemetery
30. Location-City/Town, and State: Stevenson, Washington
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672
32. Date of Disposition: Jan. 23, 2010
33. Funeral Director Signature X: R. F. Dimick

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Chronic obstructive pulmonary disease — Interval between Onset & Death: years

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. Due to (or as a consequence of): — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above:
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 Ray FitzSimmons 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): Ray FitzSimmons PO Box 1519 White Salmon, WA 98672
50. Hour of Death (24hrs): 1614
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 01/19/2010
53. Title of Certifier: MD
54. License Number: MD 00010[illegible]
55. Medical Examiner/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X: CSpitters
58. Date Received (MM/DD/YYYY): JAN 21 2010
59. Amendments:

DOH/CHS 003 Rev. 2/06/2004

DOH 01-003 (1/13)

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