

WHEN RECORDED RETURN TO:

GARY H. MARTIN

P.O. Box 1003

STEVENSON, WA 98648

REAL ESTATE EXCISE TAX

30405

NOV 27, 2013

PAID *exempt*

Vance Belland

SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) of Documents assigned or released:

COMMUNITY PROPERTY AGREEMENT

AUDITORS FILE # 98020 BOOK 83 PAGE 793

Additional numbers on page _____ of document. AUGUST 9th, 1984

GRANTOR(S):

JANET K. MARTIN

Additional names on page _____ of document.

GRANTEE(S):

GARY H. MARTIN

Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

BEGINNING at a point 602.2 feet South and 560 feet West of the Northeast corner of Government Lot 9, in Section 1, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington; thence West 82 feet; thence South 150 feet; thence East 82 feet; thence North 150 feet to the Point of Beginning.

TAX PARCEL NUMBER(S):

02-07-01-1-0-2100-00 *DW*

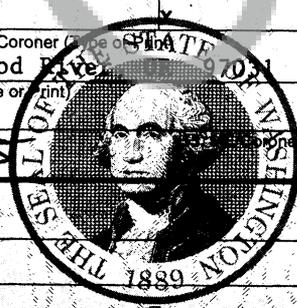
Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

Skamania County Assessor
Date 11-27-13 Parcel # 2-7-01-2100

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Janet Kay Martin					2. Death Date Nov. 17, 2013		
3. Sex (M/F) Female	4a. Age - Last Birthday 72	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania		
7. Birthdate Dec. 28, 1940		8a. Birthplace (City, Town, or County) Denver		8b. (State or Foreign Country) Colorado	9. Decedent's Education 10th 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 5 th St.) (Include Apt. No.) 424 Rock Creek Drive					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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 45 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Gary Howard Martin			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Cook				18. Kind of Business/Industry (Do not use Company Name) Restaurant			
19. Father's Name (First, Middle, Last, Suffix) Elmer Best				20. Mother's Name Before First Marriage (First, Middle, Last) Lois Lamaster			
21. Informant's Name Gary Martin		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 1003 Stevenson, WA 98648			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				25. Facility Name (if not a facility, give number & street or location) 424 Rock Creek Drive			
26a. City, Town, or Location of Death Stevenson		26b. State WA		27. Zip Code 98648			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia Crematory		30. Location-City/Town, and State White Salmon, Washington			
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main PO Box 90 White Salmon, WA 98672				32. Date of Disposition 19 NOV 2013			
33. Funeral Director Signature X <i>[Signature]</i>							
Cause of Death (See instructions and examples)							
24. 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. pneumonia						Interval between Onset & Death 10 days	
Due to (or as a consequence of):						Interval between Onset & Death	
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.						Interval between Onset & Death	
Due to (or as a consequence of):						Interval between Onset & Death	
c.						Interval between Onset & Death	
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 COPD, Lumbar Compression Fracture				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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. <i>[Signature]</i>				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.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or print) James Pennington 1021 June St. Hood River, OR 97031					50. Hour of Death (24hrs) 0410		
51. Name and Title of Attending Physician if other than Certifier (Type or print)					52. Date Signed (MM/DD/YYYY) 11/18/13		
53. Title of Certifier MD		54. License Number 17665		55. State File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) 11/19/2013			
59. Amendments							



DOH 01-003 (6/10)