

<b>WHEN RECORDED RETURN TO:</b>
GARY H. MARTIN
P.O. Box 1003
STEVENSON, WA 98648

REAL ESTATE EXCISE TAX

30405  
NOV 27, 2013

PAID exempt  
Vance Bell  
SKAMANIA COUNTY TREASURER

<b>DOCUMENT TITLE(S)</b>
DEATH CERTIFICATE
<b>REFERENCE NUMBER(S)</b> of Documents assigned or released:
COMMUNITY PROPERTY AGREEMENT AUDITORS FILE # 98020      BOOK 83 PAGE 793 [ ] Additional numbers on page _____ of document.      AUGUST 9th, 1984
<b>GRANTOR(S):</b>
JANET K. MARTIN [ ] Additional names on page _____ of document.
<b>GRANTEE(S):</b>
GARY H. MARTIN [ ] Additional names on page _____ of document.
<b>LEGAL DESCRIPTION</b> (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.
<b>TAX PARCEL NUMBER(S):</b>
02-07-01-1-0-2100-00 <u>DN</u>
[ ] 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 # 22-01-2100

# 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	2. Death Date	
Janet Kay Martin						Nov. 17, 2013	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death	
Female	72	Months	Days	Hours	Minutes	Skamania	
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education		
Dec. 28, 1940	Denver		Colorado		10th Grade		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No	
No				White			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)						13b. City or Town	
424 Rock Creek Drive						Stevenson	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98648	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
45 Years		Married		Gary Howard Martin			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).				18. Kind of Business/Industry (Do not use Company Name)			
Cook				Restaurant			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Elmer Best				Lois Lamaster			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Gary Martin		Husband		PO Box 1003 Stevenson, WA 98648			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
				Decedent's Home			
26a. City, Town, or Location of Death				26b. State		27. Zip Code	
Stevenson				WA		98648	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location - City/Town, and State			
Cremation		Columbia Crematory		White Salmon, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Gardner Funeral Home 1270 N. Main PO Box 300 White Salmon, WA 98672				19 Nov 2013			
33. Funeral Director Signature X							
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):				b.		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				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				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
COPD, Lumbar Compression Fracture				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<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		<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:	
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.				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)				50. Hour of Death (24hrs)			
James Pennington 1021 June St. Hood River, OR 97031				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		54. License Number		55. Decedent File Number		56. Was case referred to ME/Coroner?	
MD		17665				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
				11/19/2013			
59. Amendments							

QOH 01-003 (6/10)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE ODS OF 13-1