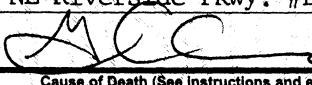
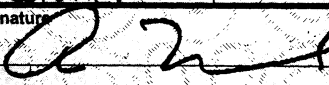


WHEN RECORDED RETURN TO:	
Tamera Allen	
PO Box 544	12 Alden Wachter Rd.
Nath Bonnevile, wa	Stevenson, wa.
98639	98648

DOCUMENT TITLE(S)
Death Cert.
REFERENCE NUMBER(S) of Documents assigned or released:
<input type="checkbox"/> Additional numbers on page _____ of document.
GRANTOR(S):
Connie Lou Gay
<input type="checkbox"/> Additional names on page _____ of document.
GRANTEE(S):
Public
<input type="checkbox"/> Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
<input type="checkbox"/> Complete legal on page _____ of document.
TAX PARCEL NUMBER(S):
<input type="checkbox"/> 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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Connie Lou Gay				2. Death Date August 20, 2012	
3. Sex (M/F) F	4a. Age - Last Birthday 77 Yrs	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate May 24, 1935	8a. Birthplace (City, Town, or County) Cambridge	8b. (State or Foreign Country) Minnesota		9. Decedent's Education Some College Credits- No 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? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 12 Aldon Watcher Road				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		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. 2 months		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner'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)) Office				18. Kind of Business/Industry (Do not use Company Name) Airplane Assembly	
19. Father's Name (First, Middle, Last, Suffix) Howard Wightman				20. Mother's Name Before First Marriage (First, Middle, Last) Phillis Marie Bergstrom	
21. Informant's Name Tamara Allen		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 12 Aldon Watcher Road Stevenson WA 98648	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence				25. Facility Name (If not a facility, give number & street or location) 12 Aldon Watcher Road	
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) PFS Crematory		30. Location of Disposition Portland, Oregon	
31. Name and Complete Address of Funeral Facility Neptune Cremation Service 17819 NE Riverside Pkwy. #E Port. OR. 97230				32. Date of Disposition 08/29/2012	
33. Funeral Director Signature X 					
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) → <u>Pending</u> 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 d. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending 39. If female <input 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 type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown 41. Date of Injury (mm/dd/yyyy) 08/20/2012 42. Hour of Injury (24hrs) 2201 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Decedent's home 44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk 45. Location of Injury: Number & Street 12 Aldon Watcher Road City or Town: Stevenson County: Skamania State: WASH Zip Code + 4: 98648 46. Describe how injury occurred Decedent found in bedroom not breathing 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) Yarden Weidenfeld 536 New University Stevenson, WA 50. Name and Title of Attending Physician if other than Certifier (Type or Print) 51. Date Signed (mm/dd/yyyy) 08/27/2012 52. Title of Certifier Deputy Coroner 53. License Number 54. Coroner File Number 55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 56. Registrar Signature  57. Amendments 58. Date Received (mm/dd/yyyy) 08/28/2012					