

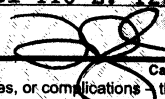
After Recording Mail To:

Patrick J. McGowan
Attorney At Law
11120 NE 2nd Street, Suite 200
Bellevue, WA 98004

Document Title:	Certified Copy of Death Certificate
Reference Number of Document:	N/A
Grantor:	DAVID J. BAUMAN, deceased
Grantee:	NONE
Legal Description:	N/A
Assessor's Property Tax Parcel:	N/A

Unofficial
Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death					State File Number	
Local File Number 967						
1. Legal Name (Include AKA's if any) First Middle LAST Suffix David John Bauman					2. Death Date April 8, 2014	
3. Sex (M/F) Male	4a. Age - Last Birthday 88	4b. Under 1 Year Months Days 88	4c. Under 1 Day Hours Minutes 88	5. Social Security Number [REDACTED]	6. County of Death Clark	
7. Birthdate Oct. 28, 1925	8a. Birthplace (City, Town, or County) Vancouver	8b. (State or Foreign Country) Washington	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? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 4555 NE 66th Ave. #365					13b. City or Town Vancouver	
13c. Usual Residence: County Clark		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98661	13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk	
14. Estimated length of time at residence. 2 1/2 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Lois Janet Read		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Meteorological Hydrologist			18. Kind of Business/Industry (Do not use Company Name) Federal Government NOAA			
19. Father's Name (First, Middle, Last, Suffix) Charles Ferdinand Bauman			20. Mother's Name Before First Marriage (First, Middle, Last) Clara Louise Bracher			
21. Informant's Name Lois Bauman		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 4555 NE 66th Ave #365 Vancouver, WA 98661		
24. Place of Death, if Death Occurred in a Hospital: Ray Hickey Hospice House						
25. Facility Name (If not a facility, give number & street or location) Ray Hickey Hospice House						
26a. City, Town, or Location of Death Vancouver			26b. State WA	27. Zip Code 98661		
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwood Park Cemetery		30. Location-City/Town, and State Ridgefield, Washington		
31. Name and Complete Address of Funeral Facility Vancouver Funeral Chapel 110 E. 12th St. Vancouver, WA 98660					32. Date of Disposition April 15, 2014	
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) → a. Pneumonia - organism unknown 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. Aspiration c. Dysphagia						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Pulmonary Embolism, COPD, CHF, Atrial Fibrillation						
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 ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of 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 ☒ No ☐ Probably ☐ Unknown		
41. Date of Injury (mm/dd/yyyy) 04/11/2014		42. Hour of Injury (24hrs) 1350		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Home		
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. Sandra B. Ryan			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. Sandra B. Ryan			
49. Name and Address of Certifier (Physician, Medical Examiner or Coroner (Type or Print) Sandra B. Ryan 2112 E. Mill Plain Blvd Vancouver WA 98661			50. Hour of Death (24hrs) 1350			
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Dr. Scott Breking MD			52. Date Signed (mm/dd/yyyy) 04/11/2014			
53. Title of Certifier MD		54. License Number 29913		55. ME/Coroner File Number 98661		
56. Was case referred to ME/Coroner? ☐ Yes ☒ No		57. Registrar Signature [Signature]				
58. Date Received APR 14 2014		59. Amendments				

DOH/CHS 003 March 2012

80101-0003 (1/13)