AFN #2014001259 Recorded 08/04/2014 at 01:03 PM DocType: DEATH Filed by:
PATRICK J. MCGOWAN, ATTORNEY AT LAW Page: 1 of 2 Auditor Timothy O. Todd
Skamania County, WA

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

17

Local File Number 967

Washington State Certificate of Death

State File Number

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
4c. Under 1 Day: Hours / Minutes
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 5th St.) (Include Apt. No.): 4555 NE 66th Ave. #365
13b. City or Town: Vancouver
13c. 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: 2½ 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:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Hospice Facility
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 [signature]

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Pneumonia - Organism unknown	weeks
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	Due to (or as a consequence of): b. Aspiration	
	Due to (or as a consequence of): c. Dysphagia	
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Pulmonary Embolism; COPD; CHF; Atrial Fibrillation; [illegible] cancer, Renal cell ca
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 ☐ No ☐ Probably ☒ 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 [signature]
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): SANDFORD B. PLANT 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 Bebbing
52. Date Signed (MM/DD/YYYY): 04/11/2014
53. Title of Certifier: MD
54. License Number: 29[illegible]
55. ME/Coroner File Number
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X [signature]
58. Date Received: APR 14 2014
59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 March 2012

DOH 01-003 (1/13)