

**WHEN RECORDED RETURN TO:**

**Rockford Hanken**  
**916 Calle Miramar**  
**Redondo Beach, CA 90277**

**DOCUMENT TITLE(S):**  
**Washington State Certificate of Death**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

REAL ESTATE EXEMPT TAX

30839

SEP - 4 2014

**GRANTOR:**  
**Remigius George Hanken**

PAID

Wenup

Victor Belland Ogata

SKAMANIA COUNTY TREASURER

**GRANTEE:**  
**Rockford George Hanken, Trustee of the Hanken Family Trust dated October 18, 2002**

**ABBREVIATED LEGAL DESCRIPTION:**

Lot 8 of Columbia Heights according to the Official Plat thereof on file and of record at Page 136 of Book "A", in the City of Carson, of Skamania County, in the State of Washington.

**TAX PARCEL NUMBER(S):**  
**03-08-29-4-1-1200-00**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death		State File Number	
2008-1054					
1. Legal Name (include AKA's if any) First Middle LAST Suffix				2. Death Date	
Remigius George HANKEN				Nov. 18, 2008	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death
Male	85				Klickitat
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education	
Nov. 2, 1923	Timberlake	South Dakota		High School Graduate	
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? Yes
No			White		Yes
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town	
101 Allen St.				Carson	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
Skamania		Washington		98610	
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)	
22 Years		Widowed			
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)	
Manager				Communications	
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)	
Edward Bernard Hanken				Hilda Ann Cord	
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
Gary Hanken		Son	16675 Calle Brittany Pacific Palisades, CA 90272		
24. Place of Death, if Death Occurred in a Hospital: Inpatient - Hospital					
25. Facility Name (If not a facility, give number & street or location)					
Skyline Hospital					
26a. City, Town, or Location of Death		26b. State	27. Zip Code		
White Salmon		WA	98672		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Burial		Wind River Memorial Cemetery		Carson, Washington	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Gardner Funeral Home PO Box 390 White Salmon, WA 98672				Nov. 22, 2008	
33. Funeral Director Signature X					
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. LUNG CANCER					
Interval between Onset & Death 2 years					
Due to (or as a consequence of):					
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. Due to (or as a consequence of):					
Interval between Onset & Death					
c. Due to (or as a consequence of):					
Interval between Onset & Death					
d. Due to (or as a consequence of):					
Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
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		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 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 checked="" type="checkbox"/> Yes <input 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 his knowledge, death occurred at the time, date, and place indicated on this certificate.					
48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, if any, opinion, death occurred at the time, date, and place indicated on this certificate.					
X Ray FitzSimmons MD					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)	
Ray FitzSimmons PO Box 1519 White Salmon, WA 98672				2030	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)	
				11/21/2008	
53. Title of Certifier	54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MD	00019686				
57. Registrar Signature				58. Date Received (MM/DD/YYYY)	
X Britters				NOV 21 2008	
59. Amendments					

DOM/CMS 003 Rev. 07/01-01-003 (5/98)

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