

WHEN RECORDED RETURN TO:
SUSAN RAE STROM, PR
PO BOX 18
STEVENSON, WA 98648-0018

REAL ESTATE EXCISE TAX

30907

OCT 16 2014

PAID exempt
9 deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S):
CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
N/A

GRANTOR : DORANNE STROM, DECEASED

GRANTEE:
Susan Rae Strom, as Personal Representative of the Estate of Doranne Strom, Deceased, pursuant to
Clark County Superior Court Case No. 14-4-00299-9

ABBREVIATED LEGAL DESCRIPTION:
Lot 16 & PTN LOT 17 , HILLTOP MANOR, BK A, PG 110, records of Skamania County,
Washington.

Skamania County Assessor
Date 10/14/14 Parcel# 3-75-36-3-2-800

TAX PARCEL NUMBER(S):
03-75-36-3-2-0800-00

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-004994

DATE ISSUED: 03/06/2014

FEE NUMBER: 0000000001

GIVEN NAMES: DORANNE
LAST NAME: STROMCOUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MARCH 01, 2014
HOUR OF DEATH: 04:21 P.M.
SEX: FEMALE
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: DECEMBER 30, 1937
BIRTHPLACE: CLE-ELUM, WASHINGTONMARITAL STATUS: WIDOWED
SPOUSE:OCCUPATION: BOOK KEEPER
INDUSTRY: PLYWOOD MILL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NOINFORMANT: SUSIE STROM
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 18, STEVENSON, WASHINGTON, 98648PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 320 NE WISTERIA
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648RESIDENCE STREET: 320 NE WISTERIA
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648
INSIDE CITY LIMITS? YES
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 48 YEARSFATHER: JOHN MUS
MOTHER: MARAGRET MANCEMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: STEVENSON CEMETERY
CITY, STATE: STEVENSON, WA
DISPOSITION DATE: MARCH 07, 2014FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: P O BOX 390
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:

A. PANCREATIC CANCER
INTERVAL: MONTHS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL

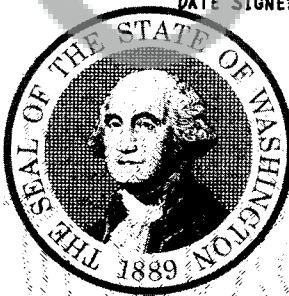
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: RAYMOND FITZSIMMONS, MD
TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 212 SKYLINE DRIVE
CITY, STATE, ZIP: WHITE SALMON WA 95672
DATE SIGNED: MARCH 06, 2014STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLELOCAL DEPUTY REGISTRAR:
LADONNA BAEHLER
DATE RECEIVED: MARCH 06, 2014

DOH 01-003 (6/10)