AFN #2014001796 Recorded 10/20/2014 at 01:25 PM DocType: DEATH Filed by: FIRST AMERICAN TITLE INS Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

Return to:
FIRST AMERICAN TITLE INS CO
1100 SUPERIOR AVE STE 200
CLEVELAND OH, 44114
NATIONAL RECORDING

-Please print or type information **WASHINGTON RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) DEATH CERTIFICATE
Reference Number(s) of Related Documents:
Additional reference #'s on page of document

Grantor(s): ROSALIND MARIE DAVIS

Grantee(s): ~~**ROSALIND MARIE DAVIS**~~
BANK OF AMERICA

Skamania County Assessor
Date 10-2014 Parcel# 3-75-36-32-460
BO

Legal description: LOTS 4&5 HILLTOP MANOR PG 110 BK "A"

Assessor's Property Tax Parcel/Account Number: 03753632046000
Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

SIGNATURE OF REQUESTOR

REAL ESTATE EXCISE TAX
NA
OCT 20, 2014
PAID NA
SKAMANIA COUNTY TREASURER
Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 527 (4)

Washington State Certificate of Death

State File Number 8 45129

1. Legal Name (Include AKA's if any) First: Rosalind | Middle: Marie | Last: DAVIS | Suffix:
2. Death Date: March 4, 2008
3. Sex (M/F): Female
4a. Age – Last Birthday: 56
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Clark
7. Birthdate: Aug.31, 1951
8a. Birthplace (City, Town, or County): Livingston
8b. (State or Foreign Country): Montana
9. Decedent's Education: some college 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 5th St.) (Include Apt. No.): 200 Ridgecrest Road NE
13b. City or Town: Stevenson
13c. Residence County: Skamania
13d. Tribal Reservation Name (if applicable): n/a
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98648-
13g. Inside City Limits?: XX Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 28 years
15. Marital Status at Time of Death: married
16. Surviving Spouse's Name (Give name prior to first marriage): Chancey Robert Davis
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): Legal Secretary
18. Kind of Business/Industry (Do not use Company Name): County Government
19. Father's Name (First, Middle, Last, Suffix): Richard Wright
20. Mother's Name Before First Marriage (First, Middle, Last): Virginia VanGelder
21. Informant's Name: Chancey Davis
22. Relationship to Decedent: husband
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 200 Ridgecrest Rd NE, Stevenson, WA 98648
24. Place of Death, If Death Occurred in a Hospital: Southwest Washington Medical Center
Place of Death, If Death Occurred Somewhere Other than a Hospital:
25. Facility Name (If not a facility, give number & street or location): 400 NE Mother Joseph Place
26a. City, Town, or Location of Death: Vancouver
26b. State: WA
27. Zip Code: 98682
28. Method of Disposition: cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Columbia River Crematory
30. Location-City/Town, and State: White Salmon, WA
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home, PO Box 390, White Salmon, WA 98672
32. Date of Disposition: 03/06/2008
33. Funeral Director Signature X [signature]

Part 1 completed by Funeral Director

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. Sepsis with septic shock and ~~soto~~ resulting — Interval between Onset & Death: 18 hrs
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. hypoperfusion of vital organs. — Interval between Onset & Death:
Due to (or as a consequence of):
c. — Interval between Onset & Death:
Due to (or as a consequence of):
d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: ∅
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 cause(s) and manner stated. X [signature] (Jackson Nagle)
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): Jackson Nagle, 100 E 33rd St Vancouver, WA 98663
50. Hour of Death (24hrs): 0145
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 3/5/08
53. Title of Certifier: D.O.
54. License Number: OL 2000[illegible]
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner?: ☐ Yes ☒ No
57. Registrar Signature X [signature]
58. Date Received: MAR 06 2008
59. Amendments:

Part 2 completed by Certifier

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (1/14)

Exhibit "A"

Real property in the City of **STEVENSON**, County of **SKAMANIA**, State of **Washington**, described as follows:

ALL OF LOTS 4 AND 5 HILLTOP MANOR, ACCORDING TO THE AMENDED PLAT THEREOF ON FILE AND OF RECORD AT PAGE 110 OF BOOK "A" OF PLATS, RECORDS OF SKAMANIA COUNTY, WASHINGTON;

EXCEPT THE EASTERLY 39 FEET OF SAID LOT 5.

FOR INFORMATION ONLY:

LOTS 4 & 5 HILLTOP MANOR PG 110 BK "A"

Commonly known as: 200 NE RIDGECREST DR, STEVENSON, WA 98648

APN #: **03753632046000 and 03753632046000**

DAVIS WA
49253675
FIRST AMERICAN ELS
AFFIDAVIT