

WHEN RECORDED RETURN TO:

James E. Borden
PO Box 220473
Anchorage, AK 99522

DOCUMENT TITLE(S):
Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
REAL ESTATE EXEMPTION TAX
309164
NOV 24, 2014

GRANTOR:
Robert Moreau Borden

PAID EXEMPT
Audrey Tokari Deputy
SKAMANIA COUNTY TREASURER

GRANTEE:
James E. Borden and Roberta L. Wester, Co-Personal Representatives of the Estate of Robert M. Borden, Deceased, pursuant to Skamania County Superior Court Case No. 14-4-00015-3

LEGAL DESCRIPTION:
Lot 1, Block 4, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book B of Plats, Page 10, also rerecorded in Book B of Plats, Page 26, in the County of Skamania, State of Washington.

TAX PARCEL NUMBER(S):
02-07-19-4-4-0100-00

Skamania County Assessor
Date 11-24-14 Parcel# 2-7-19-4-4-100
jm

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-020041

DATE ISSUED: 09/10/2014

FEE NUMBER: 0000000001

GIVEN NAMES: ROBERT MOREAU
LAST NAME: BORDENCOUNTY OF DEATH: SKAMANIA
DATE OF DEATH: SEPTEMBER 02, 2014
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: JULY 27, 1923
BIRTHPLACE: PORTLAND, MULTNOMAH CNTY, OREGONMARITAL STATUS: WIDOWED
SPOUSE:OCCUPATION: MECHANIC-AUTOMOBILES
INDUSTRY: AUTOMOBILES
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YESINFORMANT: JAMES BORDEN
RELATIONSHIP: SON
ADDRESS: PO BOX 220473 ACHORAGE, ALASKA 99522PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ROCK COVE ASSISTED LIVING
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648RESIDENCE STREET: 986 NW ROCK CREEK DRIVE 210
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648
INSIDE CITY LIMITS? YES
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 MONTHSFATHER: MOREAU TINKER BORDEN
MOTHER: LILLIAN IRENE HAILMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: STEVENSON CEMETERY
CITY, STATE: STEVENSON, WA
DISPOSITION DATE: SEPTEMBER 08, 2014FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: P O BOX 390
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZCAUSE OF DEATH:
A. LUNG CANCER
INTERVAL: 1 YEAR 3 MONTHS

B. INTERVAL:

C. INTERVAL:

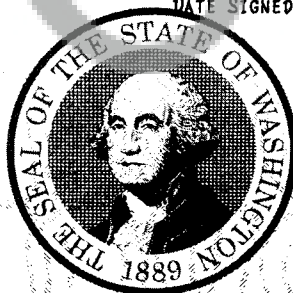
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC OBSTRUCTIVE PULMONARY DISEASEDATE 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? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: CONNIE STROM, PAC
TITLE: PHYSICIAN'S ASSISTANT
CERTIFIER
ADDRESS: 212 SKYLINE DRIVE
CITY, STATE, ZIP: WHITE SALMON WA 98672
DATE SIGNED: SEPTEMBER 08, 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 BAHLER
DATE RECEIVED: SEPTEMBER 08, 2014

DOH 01-003 (8/10)