

**WHEN RECORDED RETURN TO:**  
Lou Ann Randall  
304 Wana Kawok  
North Bonneville, WA  
98639

**DOCUMENT TITLE(S)**  
Death Certificate

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**  
Jerry Leroy Randall

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**  
Lou Ann Randall

☐ Additional names on page \_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):  
Lot 4 Block 3 B/9

☐ Complete legal on page \_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**  
02 . 07 . 30 . 1 . 1 . 3100 . 00  
2m 12/1/14

☐ Additional parcel numbers on page \_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

**REAL ESTATE EXCISE TAX**

N/A  
DEC - 1, 2014  
Refer to Excise # 30975  
PAID, Dtd 12-1-14  
*Timothy O. Todd*  
SKAMANIA COUNTY TREASURER

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-010004

DATE ISSUED: 05/08/2014

FEE NUMBER: 0000000001

GIVEN NAMES: JERRY LEROY  
LAST NAME: RANDALLCOUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: APRIL 22, 2014  
HOUR OF DEATH: 01:23 A.M.  
SEX: MALE  
AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITEBIRTHDATE: JULY 17, 1930  
BIRTHPLACE: LOS ANGELES, CALIFORNIAMARITAL STATUS: MARRIED  
SPOUSE: LOU ANN LAUTERBACHOCCUPATION: DAM OPERATOR  
INDUSTRY: ARMY CORPS OF ENGINEERS  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YESINFORMANT: LOU ANN RANDALL  
RELATIONSHIP: WIFE  
ADDRESS: PO BOX 466 NORTH BONNEVILLE WA 986PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 304 MANAKAMOK  
CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639RESIDENCE STREET: 304 MANAKAMOK  
CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639  
INSIDE CITY LIMITS? YESCOUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 35 YEARSFATHER: UNKNOWN RANDALL  
MOTHER: AGATHA WETSCHMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY  
CITY, STATE: WHITE SALMON, WA  
DISPOSITION DATE: MAY 07, 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. ESOPHAGEAL CANCER  
INTERVAL: YEARS

B. INTERVAL:

C. INTERVAL:

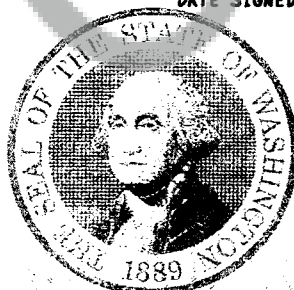
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
DYSPHAGIADATE 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? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: SCOTT SMITH MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1630 WOODS COURT  
CITY, STATE, ZIP: HOOD RIVER OR 97031  
DATE SIGNED: MAY 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:  
SCOTT SMITH MDLOCAL DEPUTY REGISTRAR:  
LADONNA BAEHLER  
DATE RECEIVED: MAY 06, 2014