AFN #2014002113 Recorded 12/08/2014 at 03:20 PM DocType: DEATH Filed by:
COLUMBIA GORGE TITLE Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
30988
DEC - 8 2014
PAID exempt
by deputy
SKAMANIA COUNTY TREASURER

WHEN RECORDED RETURN TO:
Dennis W. Lane, PR
12204 SE Mill Plane Drive, Suite 200
Vancouver, WA 98684

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

GRANTOR :
LaVonne Theresa Camp

GRANTEE :
Dennis W. Lane, personal Representative of the Estate of Lavonne Theresa Camp, Deceased

LEGAL DESCRIPTION:
Lot 4 Block 2 Plat of relocated North Bonneville, recorded in Book 'B' of Plats, Page 8. Also recorded in Book 'B' of Plats, Page 24, in the County of Skamania, State of Washington.

TAX PARCEL NUMBER(S):
02-07-30-1-1-2300-00

Skamania County Assessor
Date 12-8-14 Parcel # 2-7-30-1-1-2300

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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Local File Number 1774

Washington State Certificate of Death

State File Number

Field	Entry
1. Legal Name (Include AKA's if any) First / Middle / LAST / Suffix	LaVonne Theresa Camp
2. Death Date	Jul 14, 2014
3. Sex (M/F)	F
4a. Age - Last Birthday	83
4b. Under 1 Year (Months / Days)	
4c. Under 1 Day (Hours / Minutes)	
5. Social Security Number	[redacted]
6. County of Death	Clark
7. Birthdate	Sep 20, 1930
8a. Birthplace (City, Town, or County)	Timber Lake
8b. (State or Foreign Country)	South Dakota
9. Decedent's Education	High School Graduate / GED
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 5 St.) (Include Apt. No.)	204 Far West Rd
13b. City or Town	North Bonneville
13c. Residence: County	Skamania
13d. Tribal Reservation Name (if applicable)	
13e. State or Foreign Country	Washington
13f. Zip Code + 4	98639
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk	No
14. Estimated length of time at residence	2 Years
15. Marital Status at Time of Death	Widowed
16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED)	Secretary
18. Kind of Business/Industry (Do not use Company Name)	Non-profit
19. Father's Name (First, Middle, Last, Suffix)	Edward Hanken
20. Mother's Name Before First Marriage (First, Middle, Last)	Hildegarde Cord
21. Informant's Name	Michael Shannon
22. Relationship to Decedent	Son
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip	104 S Morrison Rd, Vancouver, WA 98664
24. Place of Death, if Death Occurred in a Hospital	Inpatient
Place of Death, if Death Occurred Somewhere Other than a Hospital	
25. Facility Name (If not a facility, give number & street or location)	PeaceHealth Southwest Medical Center
26a. City, Town, or Location of Death	Vancouver
26b. State	WA
27. Zip Code	98664
28. Method of Disposition	Burial
29. Place of Disposition (Name of cemetery, crematory, other place)	Evergreen Memorial Gardens Cemetery
30. Location - City/Town, and State	Vancouver, Washington
31. Name and Complete Address of Funeral Facility	Evergreen Memorial Gardens 1101 N[illegible] 2th [illegible]ue Vancouver WA 98664
32. Date of Disposition	Jul 21, 2014
33. Funeral Director Signature X	[signature]

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) →

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

Line	Cause	Interval between Onset & Death
a.	intracranial hemorrhage c̄ brain compression	5 days
b. Due to (or as a consequence of):	(R) hemiplegia	5 days
c. Due to (or as a consequence of):	hypertension	years
d. Due to (or as a consequence of):	global aphasia	5 days

Field	Entry
35. Other significant conditions contributing to death but not resulting in the underlying cause given above	
36. Autopsy? ☐ Yes ☒ No	No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No	No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	Natural
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	Not pregnant within past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown	No
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 the cause(s) and manner stated. X	Lan Pham [signature]
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	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	Lan Pham 400 NE Mother Joseph Pl, Vanc. WA 98664
50. Hour of Death (24hrs)	1140
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (MM/DD/YYYY)	7/15/2014
53. Title of Certifier	MD
54. License Number	000373[illegible]
55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? ☐ Yes ☒ No	No
57. Registrar Signature X	[signature]
58. Date Received (MM/DD/YYYY)	JUL 16 2014
59. Amendments	

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 2/08/2004

DOH 01-003 (1/13)