

WHEN RECORDED RETURN TO:

Charlene Hutchison
PO Box 445
North Bonneville, WA 98639-0445

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

Quit Claim Deed 2009174188 10/29/2009 JTWSR

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Cooke, Floyd W.

☐ Additional names on page _____ of document.

GRANTEE(S):

Hutchison, Charlene

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Lot B of Block Three of Cole & Bauguess Addition to North Bonneville Washington,
According to the plat thereof, recorded in Book A, Page 107, Skamania County.

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

02072112090000

☐ 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.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
31108
MAR 11 2015

PAID *skempt*
Vickie Chelland, Treasurer
SKAMANIA COUNTY TREASURER

Skamania County Assessor
Date *3-11-15* Parcel# *27-21-1-2-900*

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

H100381

I.D. TAG NO.

136-2013-004051

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Floyd	Middle W.	Last Cooke	Suffix	Death Date February 17, 2013	
	Sex Male		Age 94 years		Social Security Number		County of Death Hood River	
	Birthdate January 18, 1919		Birthplace Lyle, Washington				Was Decedent Ever in U.S. Armed Forces? No	
	Residence: 729 Henderson Road				City/Town Hood River			
	Residence County Hood River		State or Foreign Country Oregon		Zip Code + 4 97031		Inside City Limits? Yes	
	Marital Status at Time of Death Divorced		Spouse's Name Prior to First Marriage					
	Father's Name Charlie Cooke				Mother's Name Prior to First Marriage Lottie Lucas			
	Informant's Name Charlene Hutchison		Telephone Number Not Available		Relationship to Decedent Sister		Mailing Address PO Box 445, North Bonneville, WA 98639	
	Place of Death Nursing Facility		Facility Name Hood River Care Center					
	Location of Death 729 Henderson Rd		City/Town or Location of Death Hood River		State Oregon		Zip Code + 4 97031	
	Method of Disposition Removal From State		Place of Disposition Columbia River Crematory				Location (City/Town and State) White Salmon, Washington	
	Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672							
	Date of Disposition February 17, 2013		Funeral Director's Signature /S/ Derek F. Krentz				OR License Number RR-0064	
	Registrar's Signature /S/ Maria C Santoyo				Date Received February 20, 2013		Local File Number 024-2013	
	Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 2230	
	CAUSE OF DEATH						Approximate Interval Onset to Death	
	IMMEDIATE CAUSE ↓ a. Respiratory arrest						6 hours	
	Due to (or as a consequence of) ↓ b. Pneumonia						2 days	
	Due to (or as a consequence of) ↓ c. Probable Lung Cancer / Lung Mass						6 months	
	Due to (or as a consequence of) ↓ d.							
	Other significant conditions contributing to death							
	Manner of Death Natural		If Female		Did tobacco use contribute to death? Unknown			
	Date of Injury		Time of Injury		Place of Injury		Injury at Work?	
	Location of Injury							
	Describe how injury occurred						If transportation injury, specify.	
	Name and Address of Certifier Troy Robert Witherrite PO Box 1519, White Salmon, Washington 98672							
	Name and Title of Attending Physician If Other than Certifier						Date Signed February 19, 2013	
	Medical Certifier /S/ Troy Robert Witherrite				Title of Certifier M.D.		License Number MD27358	
	Amendment							



20150221453

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

February 26, 2015

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

