

**WHEN RECORDED RETURN TO:**

Jaques Sharp  
Law Firm  
PO BOX 457  
Hood River, OR 97031

**DOCUMENT TITLE(S)**

DEATH CERTIFICATE OF JACK DETRICK HOTCHKISS

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

153/154

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

**GRANTOR(S):**

JACK D HOTCHKISS

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

**GRANTEE(S):**

DOREEN HOTCHKISS

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

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

SEE DEED 153/154

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

**TAX PARCEL NUMBER(S):**

03-10-15-0-0-1202-00

☐ 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

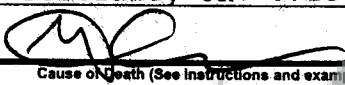
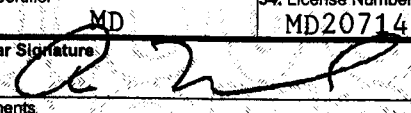
N/A  
JUN 23 2015

PAID

N/A  
*[Signature]*  
SKAMANIA COUNTY TREASURER

LPB 01-05

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Jack Detrick Hotchkiss</b>						2. Death Date <b>05/16/2013</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>59</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skamania</b>		
7. Birthdate <b>10/14/1953</b>	8a. Birthplace (City, Town, or County) <b>Long Beach</b>	8b. (State or Foreign Country) <b>California</b>		9. Decedent's Education <b>Master's Degree</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>292 Orchard Lane</b>					13b. City or Town <b>Underwood</b>		
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98651</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>18 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Doreen</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Fisheries Biologist</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Fisheries</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Jack Hotchkiss</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Joanne Detrick</b>			
21. Informant's Name <b>Doreen Hotchkiss</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>292 Orchard Lane, Underwood, WA. 98651</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>292 Orchard Lane</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Home</b>			
25. Facility Name (If not a facility, give number & street or location) <b>292 Orchard Lane</b>				26a. City, Town, or Location of Death <b>Underwood</b>	26b. State <b>WA.</b>	27. Zip Code <b>98651</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Portland Cremation Center</b>			30. Location-City/Town, and State <b>Portland, Oregon</b>		
31. Name and Complete Address of Funeral Facility <b>Portland Mortuary Services 17819 NE Riverside Pkwy., STE A Portland, OR. 97230</b>				32. Date of Disposition <b>05/29/2013</b>			
33. Funeral Director Signature X 							
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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Perineal Cell Carcinoma</b> <b>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> b. _____ c. _____ d. _____							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____				46. Describe how injury occurred 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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 <b>Stephen P. Vogt, 1108 June ST., Portland, OR. 97230</b>				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) <b>Stephen P. Vogt, 1108 June ST., Portland, OR. 97230</b>				50. Hour of Death (24hrs) <b>0145</b>			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>05/23/2013</b>			
53. Title of Certifier <b>MD</b>		54. License Number <b>MD20714</b>		55. Certifier File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (mm/dd/yyyy) <b>05/28/2013</b>			
59. Amendments							

