

WHEN RECORDED RETURN TO:

Stacy E. Reeves
2440 Tipperary Court
West Linn, OR 97068

DOCUMENT TITLE(S):
Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

None

GRANTOR:

Stacy Howard Reeves Jr.

GRANTEE:

Stacy E. Reeves, Charles O. Reeves and Christine Reeves-Bolger, each as to an undivided 1/3 interest

LEGAL DESCRIPTION:

A tract of land located in Section 14, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 4 and the East Half of Lot 1 of the OREGON LUMBER CO SUBDIVISION according to the Plat recorded in Book A of Plats, Page 29, in the County of Skamania, State of Washington.

EXCEPTING that portion deeded to Howard A. Ostroski, August 29, 1996 in Book 159, Page 277, Skamania County Records.

TAX PARCEL NUMBER(S):

03-09-14-2-0-0200-00

Skamania County Assessor
Date 1-21-16 Parcel# 3-9-14-2-0-200
Jvr

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

31640
JAN 21 2016

PAID

Newt
Waymire
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH


 19
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First: Stacy Middle: Howard Last: REEVES JR.				2 SEX (M/F): M	3 DEATH DATE (Mo. Day, Yr.): 7/3/95
4 AGE LAST BIRTHDAY (Yrs.): 82	5 UNDER 1 YEAR MOS. DAYS HOURS MINS	6 UNDER 1 DAY HOURS MINS	7 BIRTHDATE (Mo. Day, Yr.): 6/21/13	8 BIRTHPLACE (City, State or Foreign Country): Salem, Or.	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) no
11 CITY, TOWN OR LOCATION OF DEATH: Underwood			12 PLACE OF DEATH <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. AT HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN. 4. HOSP. 5. NUR HOME <input checked="" type="checkbox"/> OTHER PLACE 5 mi. N of Big Cedars Campground @ MP 7.2R Oklahoma Rd.		13 SMOKING IN LAST 15 YEARS? (Yes/No) no
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married		15 SURVIVING SPOUSE (If wife, give maiden name): Mildred Suksdorf		16 SOCIAL SECURITY NO: [REDACTED]	17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) 2 College (1-4 or 5+) 2
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): State Patrol Officer		19 KIND OF BUSINESS OR INDUSTRY: State Police		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify no	21 RACE (Specify): white
22 RESIDENCE NUMBER AND STREET: 3692 Cook-Underwood Rd.		23 CITY/TOWN OR LOCATION: Cook	24 INSIDE CITY LIMITS? (Yes/No)	25A COUNTY: Skamania	25B LENGTH OF RES. IN CO.: 18yrs Wa. 98605
28 FATHER'S NAME—FIRST, MIDDLE, LAST: Stacy Howard Reeves			29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Flossie Whitney		
30 INFORMANT—NAME: Mildren Reeves		31 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 3692 Cook-Underwood Rd. Cook Wa. 98605			
32 BURIAL/CREMATION REMOVAL, OTHER (Specify): Entombment		33 DATE (Mo. Day, Yr.): 7/7/95	34 CEMETERY/CREMATORY—NAME: Riverview Abbey Mausoleum		35 LOCATION—CITY/TOWN, STATE: Portland, Oregon
36 FUNERAL DIRECTOR SIGNATURE: <i>[Signature]</i>		37 NAME OF FACILITY: Riverview Abbey Funeral Home		38 ADDRESS OF FACILITY: 0319 S.W. Taylors Ferry Rd. Portland, Or. 97219	
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE: X			43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE: <i>[Signature]</i> County Coroner		
40 DATE SIGNED (Mo., Day, Yr.): July 11, 1995		41 HOUR OF DEATH (24 Hrs.): 0830		44 DATE SIGNED (Mo., Day, Yr.): July 3, 1995	
42 NAME AND TITLE OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print): BRADLEY W. ANDERSEN, Co. Coroner, P.O. Box 790, Stevenson, WA 98648			46 PRONOUNCED DEAD (Mo., Day, Yr.): July 3, 1995		
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): BRADLEY W. ANDERSEN, Co. Coroner, P.O. Box 790, Stevenson, WA 98648			49 ME/CORONER FILE NUMBER: 95-035SK		
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death): DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A SUICIDE DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH: Immediate	
		B Self-inflicted Gunshot Wound DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH:	
		C DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH:	
		D DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH:	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:					
54 ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify): Suicide		55 INJURY DATE (Mo., Day, Yr.): July 3, 1995	56 HOUR OF INJURY (24 Hrs.): 0830	57 DESCRIBE HOW INJURY OCCURRED: Self-inflicted Gunshot Wound entering roof of mouth/exiting top rear of head	
58 INJURY AT WORK? (Yes/No) No		59 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, ETC. (Specify): County Road		60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE: 5 mi. North of Big Cedars Campground @ MP 7.2R Oklahoma Rd., Under- wood, Skamania Co., WA	
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62 REGISTRAR SIGNATURE: <i>[Signature]</i>		63 DATE RECEIVED (Mo., Day, Yr.): 7-12-95	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 113-008 (Rev. 7/91) (Form) DOH 99-003 (5/92)

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