AFN #2016000455 Recorded Mar 10, 2016 04:59 PM DocType: DEATH Filed by: Janet Beebe Page: 1 of 3 File Fee: $35.00 Auditor Robert J. Waymire Skamania County, WA

Return Address: Claudina Campbell
705 Sunrise Pl. SW
Issaquah, WA 98027

Document Title(s) or transactions contained herein: Death Certificate
GRANTOR(S) (Last name, first name, middle initial) Beebe, Robert K. [ ] Additional names on page _____ of document.
GRANTEE(S) (Last name, first name, middle initial) The Public & family [ ] Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) [ ] Complete legal on page _____ of document.
REFERENCE NUMBER(S) of Documents assigned or released: [ ] Additional numbers on page _____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER [ ] Property Tax Parcel ID is not yet assigned [ ] Additional parcel numbers on page _____ of document.
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. _____

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241(b) AND §39-274, IDAHO CODE

Local Reg. No. 471

DECEDENT — TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN — FOR INSTRUCTIONS SEE HANDBOOKS

MORTICIAN: Complete/Verify and File Within 5 Days of Death

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)			2. SEX	3. SOCIAL SECURITY NUMBER
Robert	Kenneth	Beebe	Male	[redacted]

4a. AGE-Last Birthday	4b. UNDER 1 YEAR (Months / Days)	4c. UNDER 1 DAY (Hours / Minutes)	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)
65 (Years)			April 15, 1938	Vancouver, Washington

7a. RESIDENCE - STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN	7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
Idaho	Nez Perce	Culdesac	112 Ponderosa Loop		83524	☒ Yes ☐ No

8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown

9. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Claudia Leora Powell

PARENTS

10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

11a. FATHER'S NAME (First, Middle, Last, Suffix)	11b. BIRTHPLACE (State, Territory, or Foreign Country)
Frederick Kenneth Beebe	Washington
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	**12b. BIRTHPLACE (State, Territory, or Foreign Country)**
Beatrice Mary Morey	Montana

INFORMANT

13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Claudia Beebe	Spouse	112 Ponderosa Loop Culdesac, ID 83524

DISPOSITION

* 14. METHOD OF DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)	Berge Cemetery Home Valley, Washington	Mt. View Funeral Home 3521 7th Street - Box 664 Lewiston, Idaho 83501

* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	* 17b. LICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED?
Jerry Barthel	M-771	☒ Yes ☐ No

PLACE OF DEATH (19-22)

* 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ 1 Inpatient ☐ 2 ER/Outpatient ☐ 3 DOA ☐ 4 Hospice facility ☐ 5 Nursing home/Long term care facility
* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ 6 Decedent's home ☐ 7 Other (Specify)

* 20. FACILITY NAME (If not facility, give street and number)	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	* 22. COUNTY OF DEATH
112 Ponderosa Loop	Culdesac 83524	Nez Perce

DATE OF DEATH

* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)	24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	26. TIME PRONOUNCED DEAD (24hr)
December 4, 2003	1111	December 4, 2003	1111

CAUSE OF DEATH

27. CAUSE OF DEATH

PART I. 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. Enter only one cause on a line:

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Esophageal Cancer	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)	b. DUE TO (or as a consequence of):	
	c. DUE TO (or as a consequence of):	
	d. DUE TO (or as a consequence of):	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. WAS AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

CERTIFIER: Complete Within 72 Hours of Death

29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Aged 10-54):	31. MANNER OF DEATH
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	35. INJURY AT WORK?
			☐ Yes ☐ No

36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____
Street and Number or Location _____ Apartment Number _____

37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable

TRANSPORTATION INJURY ONLY	38a. WAS DECEDENT:	38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER — IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. CERTIFIER (Check only one, based on official capacity for this certificate)
☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the *natural* cause(s)/manner stated.
☐ 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.

39b. LICENSE NUMBER

39c. DATE SIGNED: 12 / 10 / 2003 (MM DD YYYY)

Signature and Title of Certifier ▸ [signature]

* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): Allen Forster, MD 2315 8th St. Lewiston, ID 83501

40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.
I have reviewed and if necessary amended the medical section ▸

40b. DATE SIGNED: / / (MM DD YYYY)

REGISTRAR

41a. REGISTRAR'S SIGNATURE ▸ Karen LaRugg

41b. DATE SIGNED: 12/11/2003 (MM DD YYYY)

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: Dec. 11, 2003

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR

Karen L Rugg

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