

WHEN RECORDED RETURN TO:

Donald D. Bledsoe
101 W 36th Street
Vancouver, WA 98660

SKAMANIA COUNTY	
DOCUMENT TITLE(S): Certificate of Death	REAL ESTATE EXCISE TAX 31741 APR 26 2016
GRANTOR: Hubert Augustine McDonald	PAID <u>Exempt</u> <u>by deputy</u> SKAMANIA COUNTY TREASURER
GRANTEE: Donald D. Bledsoe, Personal Representative of the Estate of Hubert Augustine McDonald, Deceased, pursuant to Clark County Superior Court Case No. 16-4-00050-0	
LEGAL DESCRIPTION: A parcel of land located in a portion of the Northwest Quarter of the Southwest Quarter of Section 3, Township 1 North, Range 5 East, Willamette Meridian, Skamania County, Washington, described as follows; BEGINNING at the Southeast corner of Lot 1 of the "Lightning Tree Short Plat" as recorded in Book 3 of Short Plats, at Page 362, Skamania County, Washington, Auditors Records, said point also being on the North Right of Way line of "Canyon Creek Road (State Route 140)". Thence leaving said North Right of Way line, North 01°01'55" East, along the East line of said Lot 1, for a distance of 453.49 feet to the Northeast corner thereof; Thence leaving said East line, South 89°57'38" East, along the East extension of the North line of said Lot 1, for a distance of 96.78 feet more or less to the West line of the "Bajema" parcel, as described and recorded under Skamania County, Washington Deed Book 73, at Page 345; Thence leaving the East extension of said North line, South 01°01'55" West, along said West line and parallel with the East line of said Lot 1, for a distance of 445.43 feet to the Southwest corner of said "Bajema" parcel and said North Right of Way line; Thence leaving the West line, South 85°17'05" West, along said North Right of Way line, for a distance of 97.25 feet to the POINT OF BEGINNING ;	
TAX PARCEL NUMBER(S): 01-05-03-3-0-0600-00 <i>AR</i>	Skamania County Assessor Date <u>4-26-16</u> Parcel# <u>1-5-33 600</u> <i>Dea</i>

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number **3403** Washington State Certificate of Death State File Number

4+1

1. Legal Name (include AKA's if any) First Middle LAST Hubert Augustine McDonald			2. Death Date Dec. 25, 2015		
3. Sex (M/F) Male	4a. Age - Last Birthday 87	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Clark
7. Birthdate Nov. 07, 1928		8a. Birthplace (City, Town, or County) Vancouver	8b. (State or Foreign Country) Washington	9. Decedent's Education Master's Degree	
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? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 10417 NE 20th Avenue				13b. City or Town Vancouver	
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98686
14. Estimated length of time at residence. 4 months		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner'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)) Teacher/Guidance Counselor			18. Kind of Business/Industry (Do not use Company Name) Education		
19. Father's Name (First, Middle, Last, Suffix) H.A. McDonald			20. Mother's Name Before First Marriage (First, Middle, Last) Mary Marie Tavelli		
21. Informant's Name Michele Silvey		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1112 E 28th Street, Vancouver, WA 98663		
24. Place of Death, if Death Occurred in a Hospital: Flowers Place 10417 NE 20th Avenue			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Adult Family Care Home		
25. Facility Name (If not a facility, give number & street or location) Flowers Place 10417 NE 20th Avenue		26a. City, Town, or Location of Death Vancouver		26b. State WA	27. Zip Code 98686
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Park Hill Cemetery		30. Location-City/Town, and State Vancouver, WA	
31. Name and Complete Address of Funeral Facility Vancouver Funeral Chapel, 110 E 12th Street, Vancouver, WA 98660				32. Date of Disposition December 31, 2015	
33. Funeral Director Signature <i>[Signature]</i>					
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) → a. Chronic Respiratory Failure Interval between Onset & Death: years Due to (or as a consequence of): 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. Chronic obstructive Pulmonary Disease Interval between Onset & Death: years Due to (or as a consequence of): c. and congestive heart failure Interval between Onset & Death: years Due to (or as a consequence of): 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred				47. If transportation injury, 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. <i>[Signature]</i>			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. <input checked="" type="checkbox"/>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Louise Clark MD 2701 NW Vaughn St #140 Portland, OR 97210			50. Hour of Death (24hrs) 05:05 Hrs.		51. Name and Title of Attending Physician if other than Certifier (Type or Print)
53. Title of Certifier MD		54. License Number MD 00029505		55. ME/Coroner File Number	
57. Registrar Signature <i>[Signature]</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendments				58. Date Received (mm/dd/yyyy) DEC 30 2015	