

WHEN RECORDED RETURN TO:

ULDINE MCCOID
PO Box 395
CARSON WA. 98610

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
31869
JUN 01 2016

PAID *Exempt*
Vickie Clifford Treasurer
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

Certificate of death

REFERENCE NUMBER(S) of Documents assigned or released:

Transfer on death deed

☐ Additional numbers on page _____ of document. *QFN 2015001714 8/17/2015*

GRANTOR(S):

Frank J. Santos

☐ Additional names on page _____ of document.

GRANTEE(S):

Uldine L McCoid

☐ Additional names on page _____ of document.

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

Lot 12 Columbia Height page 136 of book A

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03-08-29-41-3700-00 *DM*

Skamania County Assessor
Date *6-1-16* Parcel# *38-29-4-1370*

☐ 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.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: _____

Signature/Title: _____

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-020398

DATE ISSUED: 05/18/2016

FEE NUMBER: 0002028822

GIVEN NAMES: FRANK JOSEPH
LAST NAME: SANTOS

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MAY 15, 2016
HOUR OF DEATH: 02:26 P.M. FOUND
SEX: MALE
AGE: 94 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: PORTUGUESE
RACE: WHITE

BIRTHDATE: NOVEMBER 13, 1921
BIRTHPLACE: SAN LEANDRO, CALIFORNIA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: FOREMAN
INDUSTRY: BUILDING SUPPLY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: ULDINE MCCOID
RELATIONSHIP: DAUGHTER
ADDRESS: 21 REDWOOD ST. CARSON, WA 98610

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 191 COLUMBIA DRIVE
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 191 COLUMBIA DRIVE
CITY, STATE, ZIP: CARSON, WASHINGTON 98610
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER/PARENT: ANTHONY SANTOS
MOTHER/PARENT: MARIE AVILA

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WIND RIVER MEMORIAL CEMETERY
CITY, STATE, ZIP: CARSON, WA
DISPOSITION DATE: MAY 20, 2016

FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:

A. UNSPECIFIED NATURAL CAUSES
INTERVAL: UNKNOWN

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CONGESTIVE HEART FAILURE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: ADAM N. KICK
TITLE: CORONER

ME/CORONER
ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON WA 986480790
DATE SIGNED: MAY 17, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
DATE RECEIVED: MAY 18, 2016