

WHEN RECORDED RETURN TO:

Heidi B. Penner

PO Box 625

Carson, WA 98610

DOCUMENT TITLE(S)

Certificate of Death

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Paul Richard Penner

☐ Additional names on page _____ of document.

GRANTEE(S):

Darren Paul Penner / The Public

☐ Additional names on page _____ of document.

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

Lot 1 of the Penner S/P

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

04753606140100





☐ 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.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-030496

DATE ISSUED: 07/28/2016

FEE NUMBER: 0002029764

GIVEN NAMES: **PAUL RICHARD**
LAST NAME: **PENNER**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **JULY 24, 2016**
HOUR OF DEATH: **06:39 P.M.**
SEX: **MALE**
AGE: **72 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**
RACE: **WHITE**

BIRTHDATE: **AUGUST 27, 1943**
BIRTHPLACE: **CARSON, WASHINGTON**

MARITAL STATUS: **WIDOWED**
SPOUSE:

OCCUPATION: **AUTO BODY REPAIRMAN**
INDUSTRY: **AUTOMOTIVE**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES? **NO**

INFORMANT: **DARREN PENNER**
RELATIONSHIP: **SON**
ADDRESS: **62 SHIPPARD FALLS CARSON, WA 98610**

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **52 PANTHER CREEK ROAD**
CITY, STATE, ZIP: **CARSON, WASHINGTON 98620**

RESIDENCE STREET: **52 PANTHER CREEK ROAD**
CITY, STATE, ZIP: **CARSON, WASHINGTON 98620**
INSIDE CITY LIMITS? **NO**

COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **42 YEARS**

FATHER/PARENT: **RICHARD PENNER**
MOTHER/PARENT: **HELEN UNKNOWN**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **COLUMBIA RIVER CREMATORY**
CITY, STATE: **WHITE SALMON, WA**
DISPOSITION DATE: **JULY 28, 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. **MANTLE CELL LYMPHOMA**
INTERVAL: **1 YEAR, 2 MONTHS**

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
NONE

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? **NO**
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **ARTHUR GASKELL MD**
TITLE: **PHYSICIAN**
CERTIFIER
ADDRESS: **411 NE 6TH STREET**
CITY, STATE, ZIP: **CAMAS WA 98607**
DATE SIGNED: **JULY 26, 2016**

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

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
DATE RECEIVED: **JULY 28, 2016**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: **NONE**

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



Unofficial
Copy

CERTIFIED

JUL 28 2016

Christie
Christopher Spillers, M.D.
Klickitat County Health Department

GG00065267