

**AFTER RECORDING RETURN TO:**

Name: Wyers|Wyers, Attorneys  
Address: P. O. Box 421  
City/State: Bingen, WA 98605-0421

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Document Title(s): (or transactions contained therein)

1. Certificate of Death

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document

Grantor(s): (Last name first, then first name and initials)

1. Hardman, Casey Leroy

☐ Additional names on page \_\_\_\_\_ of document

Grantee(s): (Last name first, then first name and initials)

1. The Public

☐ Additional names on page \_\_\_\_\_ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/  
quarter/quarter)

☐ Complete legal description is on page \_\_\_\_\_ of document

Assessor's Property Tax Parcel/Account Number(s):

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-007285

DATE ISSUED: 02/24/2016

FEE NUMBER: 0002027791

GIVEN NAMES: CASEY LEROY  
LAST NAME: HARDMAN

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: FEBRUARY 18, 2016  
HOUR OF DEATH: 07:20 P.M.  
SEX: MALE  
AGE: 50 YEARS

SOCIAL SECURITY NUMBER: REDACTED

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: DECEMBER 12, 1965  
BIRTHPLACE: VANCOUVER, WASHINGTON

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: MAINTENANCE  
INDUSTRY: PVC PIPE COMPANY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: CASANDRA CUSHMAN  
RELATIONSHIP: DAUGHTER  
ADDRESS: PO BOX 2163 ELKO, NV 89803

## CAUSE OF DEATH:

- A. ACUTE PERITONITIS  
INTERVAL: UNKNOWN  
B. ACUTE APPENDICITIS WITH PERFORATION  
INTERVAL: 1-2 WEEKS  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 791 NW GROPPER ROAD UNIT 1  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 791 NW GROPPER ROAD 1  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648  
INSIDE CITY LIMITS? YES

COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: DONALD CHARLES HARDMAN  
MOTHER/PARENT: JOAN MARIE IMME

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY  
CITY, STATE: WHITE SALMON, WA  
DISPOSITION DATE: FEBRUARY 23, 2016

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

MANNER OF DEATH: NATURAL

AUTOPSY: YES

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
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: FEBRUARY 22, 2016

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 2016-0373  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
AMANDA HERTEL  
DATE RECEIVED: FEBRUARY 23, 2016

Unofficial Copy

**CERTIFIED**

FEB 24 2016

*Christopher Sorters*  
Christopher Sorters, M.D.  
Klickitat County Health Department

BB00056450