

WHEN RECORDED RETURN TO:
Ryan S. Neale
Mill Creek Law
4220 132nd Street SE, Suite 201
Mill Creek, WA 98012

DOCUMENT TITLE(S)
Death Certificate
REFERENCE NUMBER(S) of Documents assigned or released:
2006160442
<input type="checkbox"/> Additional numbers on page ____ of document.
GRANTOR(S):
Douglas John Kock
<input type="checkbox"/> Additional names on page ____ of document.
GRANTEE(S):
The Public
<input type="checkbox"/> Additional names on page ____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
Section 26, Township 4 North, Range 9 E., W.M.
<input checked="" type="checkbox"/> Complete legal on page <u>3</u> of document.
TAX PARCEL NUMBER(S):
04092600050000
<input type="checkbox"/> 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

Local File Number		Washington State Certificate of Death		State File Number	
1884				2013 56471	
1. Legal Name (include AKA if any) - First Middle LAST				2. Death Date	
Douglas John Kock				July 30, 2013	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Male	62	Months Days	Hours Minutes		Clark
7. Birthdate		8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education	
June 12, 1951		Hood River Oregon		Master's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?
No			White		No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)				13b. City or Town	
13307 SE Forest St.				Vancouver	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4
Clark				Washington	98684
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
25 Years		Divorced			
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED))			18. Kind of Business/Industry (Do not use Company Name)		
Administrator			Education		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
John H. Kock			Estella T. Voigt		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.		23. City or Town State Zip
Greg Kock		Brother	3301 Cook Underwood Rd. Cook, WA 98605		
24. Place of Death, if Death Occurred In a Hospital:			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
Inpatient - Hospital					
25. Facility Name (If not a facility, give number & street or location)			26a. City, Town, or Location of Death		26b. State
PeaceHealth Southwest Washington Medical Center			Vancouver		WA
27. Zip Code			28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)
98664			Cremation		Columbia River Crematory
30. Location: City, Town, and State			31. Name and Complete Address of Funeral Facility		
White Salmon, Washington			Gardner Funeral Home 1270 N. Main Ave. POB 390 White Salmon, WA 98672		
32. Date of Disposition			33. Funeral Director Signature X		
Aug. 5, 2013					
Cause of Death (See instructions and examples)					
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. Massive bilateral Pulmonary Embolism					
Due to (or as a consequence of):					
b. Cardiogenic Shock					
Due to (or as a consequence of):					
c. nonischemic alcoholic cardiomyopathy					
Due to (or as a consequence of):					
d. severe hyponatremia					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
Chronic atrial fibrillation					
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. Old tobacco use contributes to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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: Apt No.					
City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (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.					
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.					
49. Name and Address of Certifier: Physician, Medical Examiner or Coroner (Type or Print)					
Teresa Lam MD 400 NE Mother Joseph Pl					
50. Hour of Death (24hrs)					
0400					
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					
52. Date Signed (mm/dd/yyyy)					
8/3/13					
53. Title of Certifier		54. License Number	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MD		60026405			
57. Registrar Signature					58. Date Received (mm/dd/yyyy)
					AUG 05 2013
59. Amendments					

The West half of the West half of the Northwest quarter of the Southeast quarter ($W\frac{1}{2} W\frac{1}{2} NW\frac{1}{4} SE\frac{1}{4}$) of Section 26, Township 4 North, Range 9 E.W.M.; and a tract of land lying contiguous to and West of the Southwest corner of the above described tract, more particularly described as follows:

Beginning at the Southeast corner of the Northeast quarter of the Southwest quarter ($NE\frac{1}{4} SW\frac{1}{4}$) of Section 26, Township 4 North, Range 9 E.W.M.; running thence West 346.1 feet to the center of county road; thence along the center of county road in a Northwesterly direction 332.49 feet; thence East 476.15 feet; thence South 313.5 feet to the point of beginning;

EXCEPTING therefrom a portion of the last described tract described as follows: Beginning at a point on the center line of said county road 208 feet South of the North boundary of said tract; thence East 208 feet; thence North 208 feet; thence West to the center line of said road; thence Southeasterly along the center line of said road to the point of beginning.

RESERVING however, a life estate unto Grantors, John H. Kock and Estella T. Kock.