

WHEN RECORDED RETURN TO:

Cleo Sterling
668 Rene Place
Hood River, OR 97031

DOCUMENT TITLE(S):

Washington State Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Lease for Life - Auditor File No. 115885, Book 134, Page 331

GRANTOR:

John Jerome Sterling

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

32839
OCT 10 2017

GRANTEE:

Cleo Ann Sterling, an unmarried person

PAID

EXEMPT

[Signature]
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

The West Half of the Southwest Quarter of the Northeast Quarter of the Northwest Quarter of Section 24, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington.

TAX PARCEL NUMBER(S):

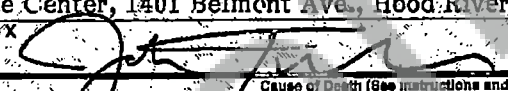
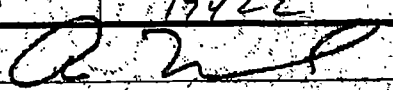
03-09-24-0-0-0300-00

Skamania County Assessor
Date 10-10-17 Parcel# 03-09-24-0-0-0300-00

Am

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name (Include MA, if any) First Middle LAST Suffix John Jerome Sterling				2. Death Date Jan. 6, 2010	
3. Sex (M/F) Male	4a. Age - Last Birthday 77	4b. Under 1 Year Months Days 77	4c. Under 1 Day Hours Minutes 77	5. Social Security Number [REDACTED]	8. County of Death Skamania
7. Birthdate April 5, 1932		8a. Birthplace (City, Town, or County) Paterson	8b. (State or Foreign Country) New Jersey	8. Decedent's Education Bachelor's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If so, 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.) 7741 Cook Underwood Road				13b. City or Town Underwood	
13c. Residence County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code 98651	13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence 24 years		15. Marital Status at Time of Death married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Cleo Schenk	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Engineer			18. Kind of Business/Industry (Do not use Company Name) Physics / Electrical		
19. Father's Name (First, Middle, Last, Suffix) John Alexander Sterling			20. Mother's Name Before First Marriage (First, Middle, Last) Constance Ethel Lewin		
21. Informant's Name Cleo Sterling		22. Relationship to Decedent wife	23. Mailing Address - Number and Street or RFD No. City or Town State Zip 7741 Cook Underwood Road, Underwood, WA 98651		
24. Place of Death, if Death Occurred in a Hospital			25. Place of Death, if Death Occurred Somewhere Other than a Hospital decedent's residence		
26. Facility Name (If not a facility, give number & street or location) 7741 Cook Underwood Road			26a. City, Town, or Location of Death Underwood	26b. State WA	27. Zip Code 98651
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, funeral home, other place) Columbia Gorge Cremation		30. Location - City, Town, and State Hood River, Oregon	
31. Name and Complete Address of Funeral Facility Anderson's Tribute Center, 1401 Belmont Ave., Hood River, OR 97031				32. Date of Disposition January 9, 2010	
33. Funeral Director Signature X 					
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. Laryngeal Obstruction		Interval between Onset & Death 15 minutes	
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. Laryngeal Leukoplakia		Interval between Onset & Death 14 years	
c. Prostate Cancer, Hypertension		d. Prostate Cancer, Hypertension		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? ☐ Yes ☒ No	
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No				38. Did tobacco use contribute to death? ☐ Yes ☒ Probably ☐ No ☐ Unknown	
39. Manner of Death ☐ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☒ Pending		39. If female ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		40. Injury at Work? ☐ Yes ☐ No ☐ Unk	
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. Location of injury - Number & Street				45. City or Town	
46. Describe how injury occurred				47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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 Michael Harris MD			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) Michael Harris, MD, 1304 Montello Ave., Hood River, Oregon 97031			50. Hour of Death (24hrs) 0044		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (MM/DD/YYYY) 01/14/2010		
53. Title of Certifier MD		54. License Number 17422		55. ME/Coroner File Number	
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) 01/14/2010	
59. Amendments					