AFN #2017002114 Recorded Oct 10, 2017 04:45 PM DocType: DEATH Filed by:
COLUMBIA GORGE TITLE Page: 1 of 2 File Fee: $35.00 Auditor Robert J. Waymire
Skamania County, WA

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
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.

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

TAX PARCEL NUMBER(S):
03-09-24-0-0-0300-00

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number — Washington State Certificate of Death — State File Number

1. Legal Name (Include AKA's if any) First: John Middle: Jerome LAST: Sterling Suffix:
2. Death Date: Jan. 6, 2010
3. Sex (M/F): Male
4a. Age – Last Birthday: 77
4b. Under 1 Year (Months, Days):
4c. Under 1 Day (Hours, Minutes):
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: April 5, 1932
8a. Birthplace (City, Town, or County): Paterson
8b. (State or Foreign Country): New Jersey
9. Decedent's Education: Bachelor's Degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, 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 + 4: 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:
Place of Death, If Death Occurred Somewhere Other than a Hospital: decedents residence
25. 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, crematory, 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 [signature]

Part 1 completed by Funeral Director

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Laryngeal Obstruction	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	Due to (or as a consequence of) b. Laryngeal Leukoplakia	14 years
	Due to (or as a consequence of) c.	
	Due to (or as a consequence of) d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Prostate Cancer, Hypertension
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. 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. Did tobacco use contribute to death? ☐ Yes ☒ Probably ☐ No ☐ 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? ☐ Yes ☐ No ☐ 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: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

Part 2 completed by Certifier

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. X 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. X
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/YY): 01/11/2010
53. Title of Certifier: MD
54. License Number: 17422
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☐ No
57. Registrar Signature X [signature]
58. Date Received (MM/DD/YY): 01/14/2010
59. Amendments

DOH/CHS 003 Rev 07/09/07