AFN #2017002261 Recorded Oct 30, 2017 09:18 AM DocType: DEATH Filed by: Wyers/Wyers Attorneys Page: 1 of 3 File Fee: \$36.00 Auditor Robert J. Waymire Skamania County, WA

AFTER RECORDING RETURN TO:

Name: Wyers Wyers, Attorneys	
Address: P. O. Box 421	
City/State: Bingen, WA 98605-0421	
	17/
Document Title(s): (or transactions contained therein)	C
1. Certificate of Death	
Reference Number(s) of Documents assigned or released:	,
☐ Additional numbers on page of document	4.
Grantor(s): (Last name first, then first name and initials)	- 1
1. Patricia Irene Colton	
☐ Additional names on page of document	. 1
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 range/quarter/quarter)	section/township/
☐ Complete legal description is on pageof documents.	ment
Assessor's Property Tax Parcel/Account Number(s):	

AFN #2017002261 Page: 2 of 3



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

DATE ISSUED: 09/21/201 FEE NUMBER 33258

CERTIFICATE NUMBER: 2017-040497

FIRST AND MIDDLE NAME(S). PATRICIA IRENE LAST NAME(S): COLTON

COUNTY OF DEATH: SKAMANIA DATE OF DEATH: SEPTEMBER 18, 2017

HOUR OF DEATH: 05:15 AM

SEX: FEMALE

SOCIAL SECURITY NUMBER REDACTED

HISPĂNIC ORIĞIN. NO, NOT SPANISH/HISPANIC/LÁTINO

RACE: WHITE

BIRTH DATE: APRIL 18: 1933 BIRTHPLACE: ROCHESTER, NY

MARITAL STATUS: WIDOWED SPOUSE: UNKNOWN

OCCUPATION: HOMEMAKER INDUSTRY: OWN HOME

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: ALAN CAMP RELATIONSHIP: SON

ADDRESS: 462 LARSEN ROAD UNDERWOOD, WA 98651

CAUSE OF DEATH:

A. DEMENTIA - UNSPECIFIED

INTERVAL: 6 YEARS

"ÎNTERVAL:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY STATE, ZIP:

DESCRIBE HOW INJURY OCCURRED!

ŢŖAŊSPORTAŢĨŎŇ INJURY, SPEČIFY: NOT APPĹIČABLE

PLACE OF DEATH: HOME FACILITY OR ADDRÉSS: 462 LARSEN RÓAD CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651

RESIDENCE STREET: 462 LARSEN ROAD CÌTY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651 INSIDĘ CITY LIMITS: NO : ROUNTY SKAMANIA TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHÉR/PARENT: CORNELIUS L MANCE MOTHER/PARENT: IRENE GUENTNER

MÉTHŐD OF DISPOSÍTIÓN: BURIAL PLACE OF DISPOSITION: BERGE CEMETERY

CITY, STATE HOME VALLEY, WASHINGTON DISPOSITION DATE: SEPTEMBER 21, 2017

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672 FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: (NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVÁILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH: NO PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: R. ALLEN LABERGE, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 212 SKYLINE DRIVE CITY, STATE, ZIP. WHITE SALMON, WA 98672 DATE SIGNED: SEPTEMBER 18, 2017

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

LOĞAÈ DEPUTY REGISTRAR: AMANDA E HERTEL DATE RECEIVED: SEPTEMBER 20, 2017

Z.	Washington State Department of Health	This is a			Correctio		Mail to	P.O. Box 47814	
P	- Z I I CULVII	11113 13 0	legal docume				er.	Olympia, WA 98 360-236-4300	3504-7814
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	Record Type:	☐ Birth	☐ Death		arriage			* * /	
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CERTIFIED

SEP 2 1 2017

Christopher Spitters, M.D.

Klickitet County Health Department



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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.