Skamania County, WA
Total: $40.00 Pgs=2
DEATH
Request of: COLUMBIA GORGE TITLE- SKAMANIA
eRecorded by: Simplifile

2020-002335
09/01/2020 03:20 PM

WHEN RECORDED RETURN TO:

__Columbia Gorge Title_____

__41 Russell Ave _____

Stevenson WA 98648

_____

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) *of Documents assigned or released:*

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

JANE SIMMS ADAMS

[ ] Additional names on page _____ of document.

GRANTEE(S):

THE PUBLIC

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION *(Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):*

Lots 12 & 13, Block 2 CASCADE ADDTITION TO THE TOWN OF STEVENSON, according to the plat thereof, recorded at Page 62 of Book "A" of Plats, Records of Skamania County, Washington

[ ] Complete legal:

TAX PARCEL NUMBER(S):

03-07-36-3-4-4200-00

[ ] 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 CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO SIGNATURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/98)

STATE FILE NUMBER

3200719018552
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given)	2. MIDDLE	3. LAST (Family)
JANE	ETHEL	ADAMS

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): JANE SIMMS ADAMS

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
06/20/1912	94					FEMALE

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/RDP* (if Terms' Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
TENNESSEE	[redacted]	☐ YES ☒ NO ☐ UNK	WIDOWED	04/25/2007	0900

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
11	☐ YES ☒ NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
INSPECTOR	AEROSPACE	30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
14103 HAMLIN STREET				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
VAN NUYS	LOS ANGELES	91401	63	CALIFORNIA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
HARRY BASFORD SON	14108 HAMLIN STREET #9 VAN NUYS, CA 91401

SPOUSE/RDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/RDP – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)
–	–	–

31. NAME OF FATHER/PARENT – FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
JOHN	–	SIMMS	TENNESSEE

35. NAME OF MOTHER/PARENT – FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
LOUELLA	–	TATUM	TENNESSEE

FUNERAL DIRECTOR/LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
05/04/2007	AT SEA OFF THE COAST OF LOS ANGELES COUNTY, CA

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/SEA	NOT EMBALMED	–

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
NEPTUNE SOCIETY	FD-1359	Jonathan E Fielding mo MS	05/03/2007 KF

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	104. CITY
RESIDENCE	☐ IP ☐ ER/OP ☐ DOA	☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other	VAN NUYS

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)
LOS ANGELES	14103 HAMLIN STREET

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) →	CARDIOPULMONARY ARREST	(AT) 5 MINS	☒ YES ☐ NO 2007-53224
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B)	MYOCARDIAL INFARCTION	(BT) 10 MINS	109. BIOPSY PERFORMED? ☐ YES ☒ NO
(C)	ATHEROSCLEROTIC HEART DISEASE	(CT) 10 YRS	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
(D)		(DT)	111. USED IN DETERMINING CAUSE? ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
(A) Decedent Attended Since: 10/01/2003 (B) Decedent Last Seen Alive: 12/21/2006	DC Brent	A43070	05/01/2007

118. TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: DALE BRENT,MD 4955 VAN NUYS BL.#411 SHERMAN OAKS,CA 91403

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

5
12257

HD0728781

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT
						195/1337	

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E Fielding mo
NH
Director of Health Services and Registrar

DATE ISSUED MAY - 4 2007

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE