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.

Unofficial Copy

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 ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 3/05)

STATE FILE NUMBER

3200719018552
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT – FIRST (Given): JANE
2. MIDDLE: ETHEL
3. LAST (Family): ADAMS
AKA, ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST): JANE SIMMS ADAMS
4. DATE OF BIRTH mm/dd/ccyy: 06/20/1912
5. AGE Yrs.: 94
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: FEMALE
9. BIRTH STATE/FOREIGN COUNTRY: TENNESSEE
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS/RDP* (at Time of Death): WIDOWED
7. DATE OF DEATH mm/dd/ccyy: 04/25/2007
8. HOUR (24 Hours): 0900
13. EDUCATION – Highest Level/Degree (see worksheet on back): 11
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): CAUCASIAN
17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: INSPECTOR
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): AEROSPACE
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

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

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: HARRY BASFORD SON
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 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: JOHN
32. MIDDLE: –
33. LAST: SIMMS
34. BIRTH STATE: TENNESSEE
35. NAME OF MOTHER/PARENT – FIRST: LOUELLA
36. MIDDLE: –
37. LAST (BIRTH NAME): TATUM
38. BIRTH STATE: TENNESSEE

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 05/04/2007
40. PLACE OF FINAL DISPOSITION: AT SEA OFF THE COAST OF LOS ANGELES COUNTY, CA
41. TYPE OF DISPOSITION(S): CR/SEA
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: –
44. NAME OF FUNERAL ESTABLISHMENT: NEPTUNE SOCIETY
45. LICENSE NUMBER: FD-1359
46. SIGNATURE OF LOCAL REGISTRAR: Jonathan E Fielding MD MS
47. DATE mm/dd/ccyy: 05/03/2007 KF

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other
104. COUNTY: LOS ANGELES
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 14103 HAMLIN STREET
106. CITY: VAN NUYS

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) →	CARDIOPULMONARY ARREST	(A1) 5 MINS
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	(B1) 10 MINS
(C)	ATHEROSCLEROTIC HEART DISEASE	(C1) 10 YRS
(D)		(D1)

108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO — NATIONAL NUMBER: 2007-53224
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
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. FROM THE CAUSES STATED.
Decedent Attended Since (A) mm/dd/ccyy: 10/01/2003
Decedent Last Seen Alive (B) mm/dd/ccyy: 12/21/2006
115. SIGNATURE AND TITLE OF CERTIFIER: DL Brent
116. LICENSE NUMBER: A43070
117. DATE mm/dd/ccyy: 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.# 195/1337

CENSUS TRACT

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 MD MPH
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.

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

LOS ANGELES COUNTY — REGISTRAR OF VITAL RECORDS — STATE OF CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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