

WHEN RECORDED RETURN TO:David Cox1154 - Alberdan CirclePINOLE, CA94564

Skamania County, WA

Total: \$43.00

DEATH

Pgs: 5

Request of: DAVID COX

2021-001598

05/06/2021 12:21 PM



00008563202100015980050056

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in) Death Certificate**REFERENCE NUMBER(S)** of Documents assigned or released:☐ Additional numbers on page ____ of document.

Skamania County

GRANTOR(S):

Real Estate Excise Tax

1. David Cox, administratorN/A2. Estate of Frank CoxMAY - 3 2021

3. _____

4. _____

PAID

N/A☐ Additional names on page ____ of document.

Skamania County Treasurer

GRANTEE(S):1. David Cox

2. _____

3. Robert Cox

4. _____

☐ Additional names on page ____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):☐ Complete legal on page ____ of document.**Assessor's Property Tax Parcel #**02-07-01-1-1-3500-0002-07-01-1-1-1300-00 PTN of 3-75-36-3-2-236023-07-36-3-4-3900-00 3-07-36-3-4-6400☐ Additional parcel numbers on page ____ of document.02-07-01-11-3300-00

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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

SEP 17 2020

SUPERIOR COURT FOR THE STATE OF WASHINGTON
FOR THE COUNTY OF SKAMANIA

ESTATE OF FRANCIS ROBERT COX

LETTERS OF ADMINISTRATION

STATE OF WASHINGTON)

COUNTY OF SKAMANIA)

Whereas FRANCIS ROBERT CPX, late of Stevenson, County of Skamania, Washington, on or about August 13, 2020 died, leaving at the time of his death, property in this state subject to administration:

Now therefore, KNOW ALL PERSONS BY THESE PRESENTS, that we do hereby appoint Davin Bret Cox Administrator upon said estate, and whereas said administrator has duly qualified, hereby authorize him to administer the same according to law.

September 11, 2020 WITNESS MY HAND AND THE SEAL OF SAIS COURT THIS 17 DAY OF

Clerk of said Court



LETTERS OF ADMINISTRATION - 1

1
2 By

Olivia Munsech

3 Deputy

4 STATE OF WASHINGTON

5 COUNTY OF SKAMANIA

6 I, County Clerk/Deputy Clerk and Clerk of the above-
7 entitled Court, do hereby certify that the foregoing Letters of administration
8 have been by me duly recorded as required by law, and that the above LETTERS
9 OF ADMINISTRATION is a true and correct copy of the original on file and
10 recorded in this office, AND THAT THE SAME ARE STILL OF FULL FORCE AND
11 EFFECT.

12 IN WITNESS WHEREOF, I have hereunto set by hand and
13 official Seal of the above entitled Court this 17 day of September, 2020.



Grace D Cross
Clerk of said Superior Court

Olivia Munsech
Deputy Clerk

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

915676

I.D. TAG NO.

136-2020-022966

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Francis	Middle Robert	Last Cox	Suffix	Death Date August 13, 2020	
	Sex Male		Age 75 years	Social Security Number		Aka Frank Cox		County of Death Multnomah
	Birthdate July 17, 1945		Birthplace Alameda, California		Was Decedent Ever in U.S. Armed Forces?		Yes	
	Residence: 198 SW 2nd Street				City/Town Stevenson			
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98648		Inside City Limits? Yes	
	Marital Status at Time of Death Divorced		Spouse's Name Prior to First Marriage					
	Father's Name Robert Clyde Cox				Mother's Name Prior to First Marriage Mary Rose Vargas			
	Informant's Name Davin Bret Cox		Telephone Number Not Available		Relationship to Decedent Son		Mailing Address 1154 Alberdan Circle, Pinole, CA 94564	
	Place of Death Hospital-Inpatient		Facility Name Portland VA Medical Center					
	Location of Death 3710 SW U.S. Veterans Hospital Road		City/Town or Location of Death Portland		State Oregon		Zip Code + 4 97239	
TO BE COMPLETED BY MEDICAL CERTIFIER	Method of Disposition Removal From State		Place of Disposition Columbia River Crematory		Location (City/Town and State) White Salmon, Washington			
	Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Avenue, Camas, Washington 98607							
	Date of Disposition August 18, 2020		Funeral Director's Signature Christian M. Dierckx		Electronically Signed		OR License Number RR-1812	
	Registrar's Signature Jennifer A. Woodward		Date Received August 18, 2020		Local File Number			
	Amendment							
	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 06:00 PM	
	CAUSE OF DEATH IMMEDIATE CAUSE a. Neutropenic fever of unclear etiology						Approximate Interval: Onset to Death Weeks	
	b. Due to (or as a consequence of) ↓ Pancytopenia						Months	
	c. Due to (or as a consequence of) ↓ Atrial fibrillation with RVR						Years	
	d. Due to (or as a consequence of) ↓ High Risk Acute Myeloid Leukemia						Months	
Other significant conditions contributing to death malnutrition, recent E. coli bacteremia Toxic metabolic encephalopathy, delirium, hypertension, severe protein calorie								
Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? Probably				
Date of Injury		Time of Injury		Place of Injury		Injury at Work?		
Location of Injury								
Describe how injury occurred								
If transportation injury, specify.								
Name and Address of Certifier LesleAnn Hayward 3710 SW U.S. Veterans Hospital Road, Portland, Oregon 97239								
Name and Title of Attending Physician If Other than Certifier						Date Signed August 14, 2020		
Medical Certifier LesleAnn Hayward		Electronically Signed		Title of Certifier M.D.		License Number PG193914		
Amendment								



45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

September 09, 2020

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial
Copy



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