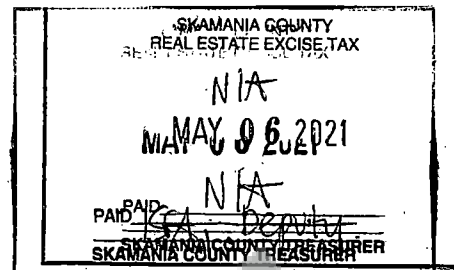




WHEN RECORDED RETURN TO:

Catherine Peterson
PO Box 113
Stevenson, WA
98648



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:

Transfer on Death Deed 31130 Excise # 3131/2015
AFN 2015000539

☐ Additional numbers on page ____ of document.

GRANTOR(S):

1. Donna L. Peterson 2. _____
3. _____ 4. _____

☐ Additional names on page ____ of document.

GRANTEE(S):

1. Catherine V. Peterson 2. Sarah H. Fuller
3. Dennis A. Peterson 4. _____

☐ Additional names on page ____ of document.

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

Tract of land in the S.E. QTR of the SW QTR of SEC 36, T3N R7E
of the W 1/4 in Skamania Co. State of WA. Lot 2 of Fuller short Plat record at
AFN 2008169065 Skamania Co. WA

☐ Complete legal on page ____ of document.

Assessor's Property Tax Parcel # 03073643019100

Skamania County Assessor

☐ Additional parcel numbers on page ____ of document.

Date 5-6-21 Parcel # 03073643019100

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.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

927641

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2021-007506

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Donna	Middle Lorraine	Last Peterson	Suffix	Death Date March 02, 2021
Sex Female	Age 73 years	Social Security Number		County of Death Clackamas	
Birthdate September 17, 1947	Birthplace Seattle, Washington			Was Decedent Ever in U.S. Armed Forces? No	
Residence: 122 Passage Way			City/Town Stevenson		
Residence County Skamania	State or Foreign Country Washington		Zip Code + 4 98640	Inside City Limits? No	
Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage Francis Keith Peterson			
Father's Name George Donald Easton			Mother's Name Prior to First Marriage Grace Romagoy		
Informant's Name Kate Peterson	Telephone Number Not Available	Relationship to Decedent Sister in law	Mailing Address P.O. Box 113, Stevenson, WA 98640		
Place of Death Hospital-Inpatient		Facility Name Kaiser Sunnyside Medical Center			
Location of Death 10180 SE Sunnyside Road		City/Town or Location of Death Clackamas		State Oregon	Zip Code + 4 97015
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 Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672					
Date of Disposition March 04, 2021	Funeral Director's Signature Victoria R. Lara		Electronically Signed	OR License Number CO-3930	
Registrar's Signature Jennifer A. Woodward		Date Received March 17, 2021		Local File Number	
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 1652
CAUSE OF DEATH					Approximate Interval: Onset to Death:
IMMEDIATE CAUSE ↓ a. hypoxemic respiratory failure					days
Due to (or as a consequence of) ↓ b. lung tumor					months
Due to (or as a consequence of) ↓ c.					
Due to (or as a consequence of) ↓ d.					
Other significant conditions contributing to death					
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 Michelle Lee Ritter 19500 SE Stark Street, Portland, Oregon 97233					
Name and Title of Attending Physician if Other than Certifier				Date Signed March 12, 2021	
Medical Certifier Michelle Lee Ritter		Electronically Signed	Title of Certifier M.D.	License Number MD23909	
Amendment					



20210321701

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.

DATE ISSUED:

March 17, 2021

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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