Skamania County, WA
Total:$41.00
DEATH
Pgs=3

2021-001612
05/06/2021 04:39 PM

Request of: CATHERINE PETERSON

0000857820210001612003003 5

WHEN RECORDED RETURN TO:

Catherine Peterson
PO Box 113
Stevenson, WA
98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
MAY 06 2021
N/A
PAID
SKAMANIA COUNTY TREASURER

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, T.3N R7E of the WM in Skamania Co. State of WA. Lot 2 of Fuller Short Plat record at AFN 200816906 5 Skamania Co. WA

[ ] Complete legal on page _____ of document.

Assessor's Property Tax Parcel # 03073643019100

[ ] Additional parcel numbers on page _____ of document.

Skamania County Assessor
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 herby 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.

Unofficial Copy

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

927641
I.D. TAG NO.

136-2021-007506
STATE FILE NUMBER

CERTIFICATE OF DEATH

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First	Middle	Last	Suffix	Death Date
	Donna	Lorraine	Peterson		March 02, 2021

Sex	Age	Social Security Number	County of Death
Female	73 years	[redacted]	Clackamas

Birthdate	Birthplace	Was Decedent Ever in U.S. Armed Forces?
September 17, 1947	Seattle, Washington	No

Residence	City/Town
122 Passage Way	Stevenson

Residence County	State or Foreign Country	Zip Code + 4	Inside City Limits?
Skamania	Washington	98640	No

Marital Status at Time of Death	Spouse's Name Prior to First Marriage
Widowed	Francis Keith Peterson

Father's Name	Mother's Name Prior to First Marriage
George Donald Easton	Grace Romagoy

Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address
Kate Peterson	Not Available	Sister in law	P.O. Box 113, Stevenson, WA 98640

Place of Death	Facility Name
Hospital-Inpatient	Kaiser Sunnyside Medical Center

Location of Death	City/Town or Location of Death	State	Zip Code + 4
10180 SE Sunnyside Road	Clackamas	Oregon	97015

Method of Disposition	Place of Disposition	Location (City/Town and State)
Removal From State	Columbia River Crematory	White Salmon, Washington

Name and Complete Address of Funeral Facility	
Gardner Funeral Home	1270 N Main, White Salmon, Washington 98672

Date of Disposition	Funeral Director's Signature	OR License Number
March 04, 2021	▶ *Victoria R Lara* Electronically Signed	CO-3930

Registrar's Signature	Date Received	Local File Number
▶ *Jennifer A. Woodward*	March 17, 2021	

Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	Autopsy?	Were autopsy findings available to complete the cause of death?	Time of Death
No	No		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	If Female	Did tobacco use contribute to death?
Natural	Not Applicable	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	Title of Certifier	License Number
Michelle Lee Ritter Electronically Signed	M.D.	MD23909

Amendment

45-2CC (01/06)

20210321701

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

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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