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

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

Request of: CATHERINE PETERSON

00008578202100016120030035

**WHEN RECORDED RETURN TO:**

Catherine Peterson
PO Box 113
Stevenson WA
98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
NA
MAY 06 2021
NA
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 2008169065 Skamania Co. WA

[ ] Complete legal on page _____ of document.

**Assessor's Property Tax Parcel #** 03073643019100

Skamania County Assessor
Date 5-6-21 Parcel# 03073643019100

[ ] 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.

**"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.

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

**CERTIFICATE OF DEATH**

927641 — I.D. TAG NO.

136-2021-007506 — STATE FILE NUMBER

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