



00009148202100020920030038

WHEN RECORDED RETURN TO:

Nic Peterson
162 passage way
Stevenson, WA 98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

35439
JUN 14 2021

PAID EXEMPT
VS4 Deputy
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

#1) #2016000866 #2) 2016000867

REFERENCE NUMBER(S) of Documents assigned or released:

5/9/2016

5/9/2016

2 transfer on death deeds

☐ Additional numbers on page ____ of document.

GRANTOR(S):

1. Donna Peterson

2. _____

3. _____

4. _____

☐ Additional names on page ____ of document.

GRANTEE(S):

1. Nicholas W Peterson

2. _____

3. _____

4. _____

☐ Additional names on page ____ of document.

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

Lot 800 Sec. 36, Tshp. 3N, R9E. 7 1/2 EWM

Lot 900 Sec. 36, Tshp. 3N, R9E 7 1/2 EWM

☐ Complete legal on page ____ of document.

Assessor's Property Tax Parcel #

03 75 36 40 0800 00

0375 36 40 0900 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.

"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

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



Unofficial
Copy



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