Skamania County, WA
Total:$40.00
DEATH
Pgs=2

**2021-003841**
11/17/2021 02:08 PM

Request of: PEACHEY, DAVIES & MYERS

0001126720210003841002021

**RETURN NAME and ADDRESS**

Peachey, Davies & Myers

P.O. Box 417

Hood River, OR 97031

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
NOV 17 2021
N/A
PAID
SKAMANIA COUNTY TREASURER

Please Type or Print Neatly and Clearly All Information

**Document Title(s)**
Certificate of Death

**Reference Number(s) of Related Documents**

**Grantor(s)** (Last Name, First Name, Middle Initial)
Szymanski, Patricia Ann

**Grantee(s)** (Last Name, First Name, Middle Initial)
The Public

**Legal Description** (Abbreviated form is acceptable, i.e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)
Lot 33, SKAMANIA HIGHLANDS, according to the official plat thereof on file and of record at page 140 of Book "A" of plats, records of Skamania County, WA.

**Assessor's Tax Parcel ID Number** 02 05 19 2 0 0133 00

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

**Sign below only if your document is Non-Standard.**

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is $50.

Signature of Requesting Party

**Skamania County Assessor**

Date 11/17/21 Parcel# 2-5-19-2-133

Unofficial Copy

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS 11a(REV 3/06)

3202149001512

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

**DECEDENT'S PERSONAL DATA**

1. NAME OF DECEDENT – FIRST (Given): PATRICIA
2. MIDDLE: ANN
3. LAST (Family): SZYMANSKI
AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 04/30/1926
5. AGE Yrs: 94
IF UNDER ONE YEAR: Months | Days
IF UNDER 24 HOURS: Hours | Minutes
6. SEX: F
9. BIRTH STATE/FOREIGN COUNTRY: IOWA
10. SOCIAL SECURITY NUMBER: [redacted]
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS (at Time of Death): WIDOWED
7. DATE OF DEATH mm/dd/ccyy: 04/27/2021
8. HOUR (24 Hours): 1448
13. EDUCATION – Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back): CAUCASIAN
17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED: EXECUTIVE SECRETARY
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): CIVIL ENGINEERING
19. YEARS IN OCCUPATION: 15

**USUAL RESIDENCE**

20. DECEDENT'S RESIDENCE (Street and number, or location): 15225 COLEMAN VALLEY ROAD
21. CITY: OCCIDENTAL
22. COUNTY/PROVINCE: SONOMA
23. ZIP CODE: 95465
24. YEARS IN COUNTY: 6
25. STATE/FOREIGN COUNTRY: CALIFORNIA

**INFORMANT**

26. INFORMANT'S NAME, RELATIONSHIP: KATHERINE ZOCCHETTI, DAUGHTER
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): 15225 COLEMAN VALLEY ROAD, OCCIDENTAL, CA 95465

**SPOUSE/SRDP AND PARENT INFORMATION**

28. NAME OF SURVIVING SPOUSE/SRDP – FIRST: -
29. MIDDLE: -
30. LAST (BIRTH NAME): -
31. NAME OF FATHER/PARENT – FIRST: HAROLD
32. MIDDLE: VICTOR
33. LAST: BANNISTER
34. BIRTH STATE: KANSAS
35. NAME OF MOTHER/PARENT – FIRST: CLARICE
36. MIDDLE: MAE
37. LAST (BIRTH NAME): COONLEY
38. BIRTH STATE: IOWA

**FUNERAL DIRECTOR/LOCAL REGISTRAR**

39. DISPOSITION DATE mm/dd/ccyy: 04/30/2021
40. PLACE OF FINAL DISPOSITION: RESIDENCE OF KATHERINE ZOCCHETTI 15225 COLEMAN VALLEY ROAD, OCCIDENTAL, CA 95465
41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: PLEASANT HILLS MEMORIAL PARK & MORTUARY
45. LICENSE NUMBER: FD1337
46. SIGNATURE OF LOCAL REGISTRAR: SUNDARI R MASE, MD,MPH
47. DATE mm/dd/ccyy: 04/29/2021

**PLACE OF DEATH**

101. PLACE OF DEATH: APPLE VALLEY POST-ACUTE REHAB
102. IF HOSPITAL, SPECIFY ONE: ☐ ER ☐ EMC ☐ DOA ☐ Inpatient
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☒ Nursing Home/LTC ☐ Decedent's Home ☐ Other
104. COUNTY: SONOMA
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or rural route): 1035 GRAVENSTEIN HWY SOUTH
106. CITY: SEBASTOPOL

**CAUSE OF DEATH**

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CONGESTIVE HEART FAILURE — Time Interval Between Onset and Death (AT): 5 YRS

(B) — (BT)

Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

(C) — (CT)

(D) — (DT)

108. DEATH REPORTED TO CORONER? ☐ YES ☒ NO
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: ADULT FAILURE TO THRIVE, HYPERTENSION

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK

**PHYSICIAN'S CERTIFICATION**

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since (A) mm/dd/ccyy: 04/20/2021
Decedent Last Seen Alive (B) mm/dd/ccyy: 04/27/2021
115. SIGNATURE AND TITLE OF CERTIFIER: NOEL SERRANO M.D.
116. LICENSE NUMBER: A108658
117. DATE mm/dd/ccyy: 04/28/2021
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: NOEL SERRANO M.D. 2777 YULUPA AVE # 108, SANTA ROSA, CA 95405

**CORONER'S USE ONLY**

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy
122. HOUR (24 Hours)
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)
126. SIGNATURE OF CORONER / DEPUTY CORONER
127. DATE mm/dd/ccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

**STATE REGISTRAR**

A | B | C | D | E | *D100010049447491* | FAX AUTH.# | CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA
COUNTY OF SONOMA } ss
05/11/2021
DATE ISSUED

*000966792*

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
PBNCO (Rev) 12/15

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial Document