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

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

Request of: PEACHEY, DAVIES & MYERS

00011267202100038410020021

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

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)

STATE FILE NUMBER: 3202149001512

LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT–FIRST (Given)	2. MIDDLE	3. LAST (Family)
PATRICIA	ANN	SZYMANSKI

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
04/30/1926	94					F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
IOWA	[redacted]	☐ YES ☒ NO ☐ UNK	WIDOWED	04/27/2021	1448

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	☐ YES ☒ NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
EXECUTIVE SECRETARY	CIVIL ENGINEERING	15

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)
15225 COLEMAN VALLEY ROAD

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
OCCIDENTAL	SONOMA	95465	6	CALIFORNIA

INFORMANT

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

SPOUSE/RDP AND PARENT INFORMATION

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

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	
04/30/2021	RESIDENCE OF KATHERINE ZOCCHETTI	15225 COLEMAN VALLEY ROAD, OCCIDENTAL, CA 95465

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/RES	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
PLEASANT HILLS MEMORIAL PARK & MORTUARY	FD1337	SUNDARI R MASE, MD,MPH	04/29/2021

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
APPLE VALLEY POST-ACUTE REHAB	☐ ER ☐ OP ☐ DOA	☐ Hospice ☒ Nursing Home/SNF ☐ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or rural route)	106. CITY
SONOMA	1035 GRAVENSTEIN HWY SOUTH	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.

		Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) CONGESTIVE HEART FAILURE	(A1) 5 YRS	☐ YES ☒ NO
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	(B)	(B1)	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(C)	(C1)	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(D)	(D1)	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 / Decedent Last Seen Alive	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
	NOEL SERRANO M.D.	A108658	04/28/2021

(A) mm/dd/ccyy	(B) mm/dd/ccyy	118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
04/20/2021	04/27/2021	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?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
☐ YES ☐ NO ☐ UNK		

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		FAX AUTH.#	CENSUS TRACT
						01000100494474 9		

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.
PHNCO (Rev) 12/15

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE