

Request of:

WHEN RECORDED RETURN TO:
Christy Stocker
50 Cresta Drive, #13
San Rafael, CA 94903



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 - Transfer on Death Deed

REFERENCE NUMBER(S) of Documents assigned or released:
AFN 2024-000592 ←

[] Additional numbers on page ____ of document.

GRANTOR(S):

1. John E. Stocker
2. Skamania County
Real Estate Excise Tax
37359
SEP 05 2024
[] Additional names on page ____ of document.

GRANTEE(S):

1. Christy Stocker
2. PAID exempt
Skamania County Treasurer
Marianne Bingham Deputy
3.
4.

[] Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
Beginning @ NW corner of the NE quarter of the SE quarter
of Section 35, Township 3 North, Range 7 East of the Willamette
meridian

[] Complete legal on page ____ of document.

Assessor's Property Tax Parcel # G.S. 9/5/24
03073514020000

[] 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 WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-042808

DATE ISSUED: 09/05/2024

FEE NUMBER: 187684941

FIRST AND MIDDLE NAME(S): JOHN ELTON
LAST NAME(S): STOCKER

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: SEPTEMBER 01, 2024 FOUND
HOUR OF DEATH: 10:08 AM FOUND
SEX: MALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: MAY 07, 1952
BIRTHPLACE: BOZEMAN, MT

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: LOGGER
INDUSTRY: LOGGING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: CHRISTY STOCKER
RELATIONSHIP: DAUGHTER
ADDRESS: 50 CRESTA DR #13, SAN RAFAEL, CALIFORNIA 94903

CAUSE OF DEATH:
A: LIVER FAILURE
INTERVAL: 5 MONTHS
B: CIRRHOSIS
INTERVAL: YEARS
C: HEPATITIS C AND ALCOHOLISM
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1351 RYAN ALLEN ROAD
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 1351 RYAN ALLEN ROAD
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: ROSS STOCKER
MOTHER: BEVERLY PRATHER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: SEPTEMBER 04, 2024

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: ADDISON J. REDMOND

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ADAM N. KICK, CORONER
TITLE: CORONER/ME
CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648
DATE SIGNED: SEPTEMBER 04, 2024

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 24-06266
ATTENDING PHYSICIAN: TROY WITHERITE, PHYSICIAN

LOCAL DEPUTY REGISTRAR: GERRI WEBER
DATE RECEIVED: SEPTEMBER 04, 2024