



MOBILE HOME REAL ESTATE EXCISE TAX AFFIDAVIT

Submit to County Treasurer of the county in which property is located.

Chapter 82.45 RCW Chapter 458-61A WAC

This form is your receipt when stamped by cashier.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER Name: Forrest B Flocht, Elmo Etta Flocht

NEW REGISTERED OWNER Name: Gary R Flocht, Street: 1410 Cedar Ln. Ct, City: Lewiston, State: ID, Zip Code: 83501

LOCATION OF MOBILE HOME Name: Vadon F Flocht, Street: 3371 Qomeus Rd, City: Asotin, State: WA, Zip Code: 99402

LEGAL OWNER

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50420001100020010 LIST ASSESSED VALUE(S): \$ 42000.00

REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO.

Date of Sale, Taxable Sale Price, Excise Tax, Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due

AFFIDAVIT I certify under penalty of perjury... Signature of Grantor/Agent, Name (print), Date and Place of Signing

TREASURER'S CERTIFICATE I hereby certify that property taxes due Asotin County on the mobile home described hereon have been paid to and including the year 2015

If, in selling (or otherwise transferring ownership of) a mobile home which possesses a tax lien, the seller does not inform the buyer...

Gary Flocht ck # 4449

THIS SPACE - TREASURER'S USE ONLY

PAID SEP 22 2015 ASOTIN COUNTY TREASURER

48700 MH 48760 COUNTY TREASURER

**Affidavit of Inheritance/Litigation**

Use this form if you have inherited a vehicle or vessel or were awarded one through litigation. To find out if you need additional documents, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number <u>8 28204</u>	Year <u>1987</u>	Make <u>FLTWD</u>	Series/Body style <u>MOBILE HOME</u>
Vehicle Identification Number (VIN) or Vessel/Hull Identification Number (HIN) <u>FLAM2ABH061309888</u>			

**Inheritance**—This affidavit is used when no executor or administrator is appointed for the deceased. Submit this form with the vehicle or vessel title and a copy of the death certificate. An Odometer Disclosure Statement or a Release of Interest may be required.

I certify that Forrest Floch, the registered owner of this vehicle/vessel, died on the 10<sup>th</sup> day of October, 1987.

The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is son of the deceased. No relative who would have prior right, except \_\_\_\_\_ survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Gary R. Floch  Gary R. Floch 9/22/15  
 Printed name Signature Date

**County clerk certificate for transfer of vehicle or vessel in litigation**

This certificate, properly completed, will serve instead of all other court papers. Submit this form with a Title Application and an Odometer Disclosure Statement (if applicable).

I certify that in the superior court of the State of Washington for the County of \_\_\_\_\_:

1. For orders of the court transferring title (including divorce and probate):  
 An order transferring title to this vehicle/vessel to \_\_\_\_\_ at \_\_\_\_\_ was duly entered in \_\_\_\_\_  
Transferee Transferee's address Title of case

Name of administrator (if in probate) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Docket number of case \_\_\_\_\_  
Day Month Year

2. For those cases in which the estate executor or administrator transfers title:  
 \_\_\_\_\_ was duly appointed under the nonintervention will of \_\_\_\_\_ and is qualified to act as such, and that a decree of solvency has been entered.

\_\_\_\_\_  
 Executor/Administrator signature Date

\_\_\_\_\_  
 County Clerk signature Date

**Notarization/Certification**

State of WA County of Asotin

Signed or attested before me on 9/22/2015 by Gary Floch  
Judy Wilson  
Signature

Judy Wilson  
Printed or stamped name

Deputy and 020105  
Title Dealer or county/office number or notary expiration date

48760MH

**Affidavit of Inheritance/Litigation**

Use this form if you have inherited a vehicle or vessel or were awarded one through litigation. To find out if you need additional documents, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number <u>828204</u>	Year <u>1987</u>	Make <u>FLTWD</u>	Series/Body style <u>MOBILE HOME</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>FLAM2ABH061309888</u>			

**Inheritance – This affidavit is used when no executor or administrator is appointed for the deceased.**

Submit this form with the vehicle or vessel title and a copy of the death certificate. An Odometer Disclosure Statement or a Release of Interest may be required.

I certify that Vaden Floch, the registered owner of this vehicle/vessel, died on the 21 day of January, 2012.

The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is Brother of the deceased. No relative who would have prior right, except \_\_\_\_\_ survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Gary R Flocht  Gary R. Flocht 9/22/15  
 Printed name Signature Date

**County clerk certificate for transfer of vehicle or vessel in litigation**

This certificate, properly completed, will serve instead of all other court papers.

Submit this form with a Title Application and an Odometer Disclosure Statement (if applicable).

I certify that in the superior court of the State of Washington for the County of \_\_\_\_\_:

1. For orders of the court transferring title (including divorce and probate):

An order transferring title to this vehicle/vessel to \_\_\_\_\_ at \_\_\_\_\_ was duly entered in \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of administrator (if in probate) \_\_\_\_\_ Docket number of case \_\_\_\_\_

2. For those cases in which the estate executor or administrator transfers title:

\_\_\_\_\_ was duly appointed under the nonintervention will of \_\_\_\_\_ and is qualified to act as such, and that a decree of solvency has been entered.

\_\_\_\_\_  
 Executor/Administrator signature Date

\_\_\_\_\_  
 County Clerk signature Date

**Notarization/Certification**

State of WA, County of Asotin

Signed or attested before me on 9/22/2015 by Gary Floch

Judy Wilson  
 Signature  
Judy Wilson  
 Printed or stamped name  
020405  
 Dealer or county/office number or notary expiration date

Deputy  
 Title

48760 MH

### Affidavit of Inheritance/Litigation

Use this form if you have inherited a vehicle or vessel or were awarded one through litigation. To find out if you need additional documents, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number <u>828204</u>	Year <u>1987</u>	Make <u>FLTWD</u>	Series/Body style <u>MOBILE HOME</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>FLAM2ABH061309888</u>			

**Inheritance** - This affidavit is used when no executor or administrator is appointed for the deceased. Submit this form with the vehicle or vessel title and a copy of the death certificate. An Odometer Disclosure Statement or a Release of Interest may be required.

I certify that Elmotta Floch, the registered owner of this vehicle/vessel, died on the 27<sup>th</sup> day of July, 2015.

The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is son of the deceased. No relative who would have prior right, except \_\_\_\_\_ survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Printed name: Gary R. Floch      Signature: X Gary R. Floch      Date: 9/22/15

#### County clerk certificate for transfer of vehicle or vessel in litigation

This certificate, properly completed, will serve instead of all other court papers. Submit this form with a Title Application and an Odometer Disclosure Statement (if applicable).

I certify that in the superior court of the State of Washington for the County of \_\_\_\_\_

1. For orders of the court transferring title (including divorce and probate):  
 An order transferring title to this vehicle/vessel to \_\_\_\_\_ at \_\_\_\_\_ was duly entered in \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

2. For those cases in which the estate executor or administrator transfers title:  
 \_\_\_\_\_ was duly appointed under the nonintervention will of \_\_\_\_\_ and is qualified to act as such, and that a decree of solvency has been entered.

\_\_\_\_\_  
 Executor/Administrator signature      Date

\_\_\_\_\_  
 County Clerk signature      Date

#### Notarization/Certification

State of WA, County of Asotin

Signed or attested before me on 9/22/2015 by Gary Floch

Judy Wilson  
 Signature  
Judy Wilson  
 Printed or stamped name

Deputy and 020105  
 Title      Dealer or county/office number or notary expiration date

48760MH

# VEHICLE CERTIFICATE OF TITLE

TD-420-002 (R/8/86)

LICENSE NUMBER **62A204**      DATE OF APPLICATION **09/23/87**      MODEL YR **87**      MAKE **FLYMO**      POWER/USE **/HOB**      SERIES & BODY STYLE **60/28**

VEHICLE IDENTIFICATION NUMBER (VIN) **FLAM2ABH061309888**      FLEET/EQUIP NUMBER \_\_\_\_\_      SCALE W/T \_\_\_\_\_      MILEAGE \_\_\_\_\_      PRIOR TITLE STATE \_\_\_\_\_      PRIOR TITLE NUMBER \_\_\_\_\_

TITLE NUMBER  
**8727204403**

SPECIFIC COMMENTS

27900 87

SAVE AS LEGAL OWNER BILLOM

SIGNATURE(S) OF REGISTERED OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY \_\_\_\_\_ REGISTERED OWNER SIGNATURE \_\_\_\_\_ DATE OF SALE \_\_\_\_\_

BY \_\_\_\_\_ REGISTERED OWNER SIGNATURE \_\_\_\_\_ DATE OF SALE \_\_\_\_\_

MILEAGE READING AT TIME OF SALE \_\_\_\_\_

SALE PRICE \_\_\_\_\_

SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY \_\_\_\_\_ FIRST LEGAL OWNER - SIGNATURE & TITLE \_\_\_\_\_ DATE RELEASED \_\_\_\_\_

BY \_\_\_\_\_ SECOND LEGAL OWNER - SIGNATURE & TITLE \_\_\_\_\_ DATE RELEASED \_\_\_\_\_

**FLOCH, FORREST**  
**FLOCH, FLMOETTA**  
**FLOCH, VADEN**  
**3417 SKYLINE DR**  
**CLARKSTON WA 99403**



**LEGAL OWNER:** When lien is satisfied, release interest above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 10 days after lien is satisfied may result in liability to the debtor for \$100 or more pursuant to RCW 46.12.170.

**PURCHASER:** New Title must be applied for within 15 days - see reverse side for transfer information.

**SELLER:** See second page for Seller's Report of Sale (White Form).

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

DIRECTOR - DEPARTMENT OF LICENSING

HW 60248

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

1. Legal Name (Include AKA's if any) First Middle Last <b>Vaden Forrest Floch</b>		2. Death Date <b>Jan. 21, 2012</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>70</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Social Security Number <b>██████████</b>		6. County of Death <b>Asotin</b>	
7. Birthdate <b>March 25, 1941</b>	8a. Birthplace (City, Town, or County) <b>Lewiston</b>	8b. (State or Foreign Country) <b>Idaho</b>	9. Decedent's Education <b>Master's Degree</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>		11. Decedent's Race(s) <b>White</b>	
12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) <b>11056 Snake River Road</b>	
13b. City or Town <b>Asotin</b>		13c. Residence: County <b>Asotin</b>	
13d. Tribal Reservation Name (if applicable) <b>N/A</b>		13e. State or Foreign Country <b>Washington</b>	
13f. Zip Code + 4 <b>99402</b>		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>17 Years</b>		15. Marital Status at Time of Death <b>Married</b>	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Heather Jannette Cody</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Educator/Rancher</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Education/Cattelman</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Forrest Bernard Floch</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Elmo Etta Harryman</b>	
21. Informant's Name <b>Heather Floch</b>		22. Relationship to Decedent <b>Wife</b>	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>11056 Snake River Rd. Asotin, Wa. 99402</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Hospital Parking Lot</b>		25. Facility Name (If not a facility, give number & street or location) <b>1221 Highland Avenue</b>	
26a. City, Town, or Location of Death <b>Clarkston</b>		26b. State <b>WA</b>	27. Zip Code <b>99403</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Vineland Cemetery</b>	
30. Location-City/Town, and State <b>Clarkston, WA.</b>		31. Name and Complete Address of Funeral Facility <b>Merchant F.H. 1000 7th Street, Clarkston, Wa. 99403</b>	
32. Date of Disposition <b>Jan. 27, 2012</b>		33. Funeral Director Signature X <i>[Signature]</i>	
34. Cause of Death (See instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Myocardial Infarction</b>		Interval between Onset & Death <b>minutes</b>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <b>Cardiopulmonary Disease</b>		Interval between Onset & Death <b>years</b>	
c. _____		Interval between Onset & Death	
d. _____		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		41. Date of Injury (MM/DD/YYYY)	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street Apt No. City or Town: County: State: Zip Code + 4:	
46. Describe how injury occurred		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician: X		48b. Medical Examiner/Coroner: X <i>Misty H. Rego</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Misty Rego, Deputy Coroner Asotin County Courthouse</b>		50. Hour of Death (24hrs) <b>0350</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Asotin, WA 99402</b>		52. Date Signed (MM/DD/YYYY) <b>01/23/2012</b>	
53. Title of Certifier <b>Deputy Coroner</b>		54. License Number	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>		58. Date Received (MM/DD/YYYY) <b>JAN 23 2012</b>	
59. Amendments		487600 MH	

Part 1 completed by Funeral Director

Part 2 completed by Certifier

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-020758

DATE ISSUED: 07/28/2015

FEE NUMBER: 0000243865

GIVEN NAMES: ELMO ETTA  
LAST NAME: FLOCH

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JULY 27, 2015  
HOUR OF DEATH: 03:00 A.M.  
SEX: FEMALE  
AGE: 105 YEARS

SOCIAL SECURITY NUMBER: ~~XXXXXXXXXX~~

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: JULY 04, 1910  
BIRTHPLACE: ASOTIN, WASHINGTON

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: HOME MAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: GARY FLOCH  
RELATIONSHIP: SON  
ADDRESS: 1410 CEDAR DRIVE, LEWISTON ID, 83501

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1842 GOLFVIEW DR  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1842 GOLFVIEW DR  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO

COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: CHARLES HARRYMAN  
MOTHER: MINNIE SMITH

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: VINELAND CEMETERY  
CITY, STATE, ZIP: CLARKSTON, WA  
DISPOSITION DATE: JULY 30, 2015

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC  
ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON WA 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

A. NATURAL CONSEQUENCE OF ADVANCED AGE  
INTERVAL: 105 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
OSTEOPOROSIS WITH LIMITED AMBULATION

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DONALD GREGGAIN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: JULY 27, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
BRADY WOODBURY  
DATE RECEIVED: JULY 28, 2015

48760MH

DOH 01-003 (1/14)

**STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF HEALTH**

Forrest		B	Floch		Male	Oct 30, 1989	148	STATE FILE NUMBER
4 AGE LAST BIRTH DAY (Yr.)	5 UNDER 1 YEAR MOS	6 UNDER 1 DAY HOURS	7 BIRTH DATE (Mo., Day, Yr.)	8 BIRTH STATE (If not in USA give country)	9 CITIZEN OF WHAT COUNTRY?	10 COUNTY OF DEATH		
83			Sep 27, 1906	Washington	USA	Spokane		
11 CITY, TOWN OR LOCATION OF DEATH			12 PLACE OF DEATH — <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM. OUT PTN. <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR. HOME <input type="checkbox"/> OTHER PLACE			13 SMOKING IN LAST 15 YEARS? (Yes/No)		
Spokane			Sacred Heart Medical Center			no		
14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		15 SURVIVING SPOUSE (If wife, give maiden name)		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)		17 SOCIAL SECURITY NO.		18 HIGH SCHOOL GRADUATE? (Yes/No)
Married		Elmo Etta Harryman		no				yes
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		20 KIND OF BUSINESS OR INDUSTRY		21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.)		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify))		
Farmer		Agriculture		1. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		white		
23 RESIDENCE - NUMBER AND STREET			24 CITY/TOWN OR LOCATION	25 INSIDE CITY LIMITS? (Yes/No)	26 COUNTY	27 STATE	28 ZIP CODE	
3417 Skyline Dr.			Clarkston	no	Asotin	Washington	99403	
29 FATHER'S NAME—FIRST, MIDDLE, LAST				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME				
Travirse M. Floch				Eula Boggan				
31 INFORMANT—NAME			32 MAILING ADDRESS		STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Elmo Etta Floch			3417 Skyline Dr.		Clarkston	WA	99403	
33 BURIAL CREMATION: REMOVAL OTHER (Specify)		34 DATE (Mo., Day, Yr.)	35 CEMETERY/CREMATORY—NAME		36 LOCATION—CITY/TOWN STATE			
Removal/Burial		Nov 2, 1989	Vineland Cemetery		Clarkston, WA			
37 FUNERAL DIRECTOR SIGNATURE		38 NAME OF FACILITY		39 ADDRESS OF FACILITY				
<i>[Signature]</i>		Merchant Funeral Home		P.O. Box 107, 1000 7th St. Clarkston, WA 99403				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
40 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED				41 ON THE BASIS OF EXAMINATION AND OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED				
SIGNATURE AND TITLE X <i>[Signature]</i>				SIGNATURE AND TITLE X				
42 DATE SIGNED (Mo., Day, Yr.)		43 HOUR OF DEATH (24 Hrs.)		44 DATE SIGNED (Mo., Day, Yr.)		45 HOUR OF DEATH (24 Hrs.)		
11/1/89		1255						
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				47 PRONOUNCED DEAD (Mo., Day, Yr.)		48 HOUR PRONOUNCED DEAD (24 Hrs.)		
MP FRAZIER M.D. SACRED HEART DOCTORS BLDG SPOKANE								
46 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)				W. 105 - 8th, Spokane, WA 99204				
50 PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.								
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(A)	Bowel Infarction				INTERVAL BETWEEN ONSET AND DEATH	
		(B)	Ruptured Aortic Aneurysm				INTERVAL BETWEEN ONSET AND DEATH	
		(C)					INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52 AUTOPSY? (Yes/No)		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
Acute Renal Failure						no		no
54 ACC. SUICIDE, HO. UNDET. OF PENDING INVEST. (Specify)		55 INJURY DATE (Mo., Day, Yr.)		56 HOUR OF INJURY (24 Hrs.)		57 DESCRIBE HOW INJURY OCCURRED		
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)			60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
E1 REGISTRAR SIGNATURE						62 DATE RECEIVED (Mo., Day, Yr.)		
X <i>[Signature]</i>						NOV 02 1989		

I HEREBY CERTIFY that the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

48760MH

SPOKANE COUNTY HEALTH DISTRICT  
WEST 1101 COLLEGE AVENUE  
SPOKANE WA 99201

*[Signature]*  
Health Officer and Registrar  
NOV 09 1989

CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL