

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
MAILED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER 15B-241(4) AND 15B-274, ICARD CODE

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) HENRY T. CRADDOCK			2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 70 (Years)			5. DATE OF BIRTH (Mo/Day/Yr) 08/22/1944	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		6. BIRTHPLACE (City and State, Territory, or Foreign Country) HERMISTON, OREGON
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON	
PARENTS	7d. STREET AND NUMBER 103 LIBBY ST.		7e. APT. NO.	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MARCIA HOLMES	
INFORMANT	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) PAUL CRADDOCK		11b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) WANELL BLISS		12b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON		
DISPOSITION	13a. INFORMANT'S NAME (Type or print) TWILA CRADDOCK		13b. RELATIONSHIP TO DECEDENT DAUGHTER	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1818 BIRCH DR. LEWISTON, ID 83501	
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of licensee) M0771	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	19. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____				
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) ST JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 21, 2014		24. TIME OF DEATH (24hr) 17:45	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 21, 2014	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 17:45				Approximate Interval Onset-to-Death MINUTES
	27. CAUSE OF DEATH PART I. 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARDIOPULMONARY ARREST DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):				
CERTIFIER: Complete Within 72 Hours of Death	28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		
CERTIFIER	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable				
	TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		39b. LICENSE NUMBER M-05825		39c. DATE SIGNED 12 / 29 / 2014 MM DD YYYY
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MATTHEW C. LYSNE, 415 SIXTH STREET LEWISTON, ID 83501		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		
REGISTRAR	40b. DATE SIGNED 12 / 30 / 2014 MM DD YYYY				

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

JAN 02 2015

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte

JAMES B. AYDELOTTE
STATE REGISTRAR

49856



FILED
CLERK OF SUPERIOR COURT
ASOTIN COUNTY
WASHINGTON
SEP 21 2016

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of:)
HENRY T. CRADDOCK,) NO. 16-4-00072-2
Deceased.) LETTERS TESTAMENTARY

WHEREAS, the last Will of HENRY T. CRADDOCK, deceased, was on the 20th day of September, 2016, duly exhibited, proven and recorded in our said Superior Court, a copy of which is hereto annexed; and whereas, it appears in and by the said Will that MARCIA CRADDOCK is appointed as personal representative thereon;

Now, therefore, know all men by these presents, that we do hereby authorize the said MARCIA CRADDOCK to execute said Will, with codicils attached, according to law.

WITNESS, ~~Judge Scott D. Gallina~~ **COURT COMMISSIONER TINA KERNAN** of our said Superior Court, and the seal of said Court hereto affixed this 21st day of September, 2016.

Umckenzie Kelley

of Superior Court

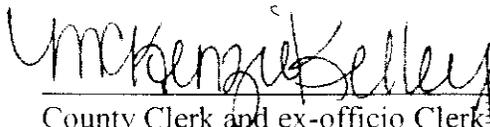
Law Office of Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636

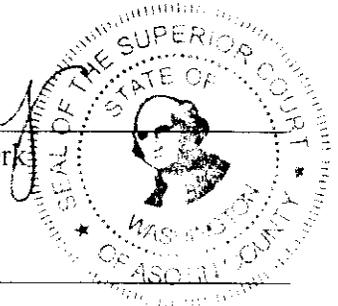
49856

1 STATE OF WASHINGTON)
2) ss
3 County of Asotin)
4

5 I, McKENZIE A. KELLEY, County Clerk of the County of Asotin, State of
6 Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin
7 County, do hereby certify that the within and foregoing is a full, true and correct copy of the
8 original Letters Testamentary and of the whole thereof, as the same is now on file and of
9 record in the above entitled cause in my office and custody, said letters have never been
10 revoked and are still in Full Force and Effect.

11
12 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of
13 said Superior Court, this 21st day of September, 2016.
14
15
16

17
18 
19 _____
20 County Clerk and ex-officio Clerk
21 of the Superior Court



22 BY: _____
23 Deputy

Law Office of Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636