



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



OFFICE USE ONLY

DISTRICT

COPIES  
DEC  
VH

HOSPITAL

OCCURRENCE

RESIDENCE

FACT

OCCUPATION

PARENTS

DOCTOR

CERTIFIER

ACC LOC

QUERIES

CAUSE OF DEATH

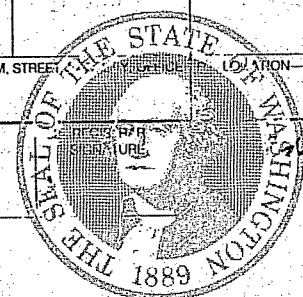
0713  
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: DAMIEN Middle: NMN Last: NAHAKU			2. SEX (M / F) MALE	3. DEATH DATE (Mo, Day, Yr) JUNE 17, 1995	
4. AGE LAST BIRTH-DAY (Yrs) 56	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) SEPT 28 1938		8. BIRTH-PLACE (City, State or Foreign Country) HONOLULU, HAWAII
11. CITY, TOWN OR LOCATION OF DEATH OLYMPIA			12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE CAPITAL MEDICAL CENTER		13. SMOKING IN LAST 15 YEARS? (Yes / No) NO
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) BARBARA MARRS		16. SOCIAL SECURITY NO. [REDACTED] 2417	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 10 College (1-4 or 5+)
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) FIREMAN-LABORER		19. KIND OF BUSINESS OR INDUSTRY POSTAL		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO	
21. RACE (Specify) HAWAIIAN		22. RESIDENCE—NUMBER AND STREET 375 S.W. 14TH STREET		23. CITY/TOWN, OR LOCATION CHEHALIS	24. INSIDE CITY LIMITS? (Yes / No) YES
25. COUNTY LEWIS		26. STATE WA		27. ZIP CODE 98532	
28. FATHER'S NAME—FIRST, MIDDLE, LAST WILLIAM THOMAS NAHAKU			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME MARY ANN SHIN		
30. INFORMANT—NAME BARBARA NAHAKU		31. MAILING ADDRESS—STREET OR RFD NO. 375 S.W. 14TH STREET		CITY OR TOWN STATE ZIP CHEHALIS WASHINGTON 98532	
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) BURIAL		33. DATE (Mo, Day, Yr) JUNE 26, 1995		34. CEMETERY/CREMATORY—NAME CLAUQATO CEMETERY	
35. LOCATION—CITY/TOWN, STATE CHEHALIS, WASHINGTON		36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY STICKLIN FUNERAL CHAPEL, INC.	
38. ADDRESS OF FACILITY 1437 SOUTH GOLD ST. CENTRALIA, WASHINGTON 98531					
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> <b>DUSTAN OSBORN, MD.</b>			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>		
40. DATE SIGNED (Mo., Day, Yr) JUNE 21, 1995		41. HOUR OF DEATH (24 Hrs.) 2045		44. DATE SIGNED (Mo., Day, Yr)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
47. HOUR PRONOUNCED DEAD (24 Hrs.)		48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) DUSTAN C. OSBORN, MD 3900 CAPITAL MALL DRIVE SW OLYMPIA, WA 98507		49. ME/CORONER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <i>pancreatic cancer</i> DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <i>5 months</i>	
		B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:		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) NO	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) NO	
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED BK 711 PG-2480 786379 Page: 2 of 3 07/15/2011	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, BLDG. ETC. (Specify)		63. DATE RECEIVED (Mo., Day, Yr.) JUN 26 1995	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62. SIGNATURE AND TITLE <i>[Signature]</i> <b>JR MD MARRS</b>		



FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (7/94)



**EXHIBIT "A"**

**(37)**

**An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 066 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded August 18, 1988, as Document No. 184461, as amended, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lot 37 only, for one week each year in the Swing "Season" as defined in and in accordance with said Declarations.**

**A Portion of APN: 1319-30-644-031**