

114043

BOOK 129 PAGE 873

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JUL 23 10 33 AM '92

GARY H. OLSON

Filed for Record at Request of
Columbia Title Company
AFTER RECORDING MAIL TO:Name JOHN H. ROBERTSAddress MP. 11.08 COOK UNDERWOOD ROADCity, State, Zip UNDERWOOD, WA 98651

Escrow number: 16948

Registered	
Indexed	
Filed	7/28/92
Mailed	

This Space Reserved For Recorder's Use:

Statutory Warranty Deed

THE GRANTOR VIVIAN P. NICHOLS, a widow, as her separate estate---

for and in consideration of NINTY EIGHT THOUSAND TWO HUNDRED FIFTY AND NO/100---

in hand paid, conveys and warrants to JOHN H. ROBERTS and PATRICIA D. ROBERTS, husband and wife---

the following described real estate, situated in the County of SKAMANIA, State of Washington:

FOR LEGAL DESCRIPTION SEE ATTACHED EXHIBIT "A"---

SUBJECT TO: Easement for transmission lines, recorded July 8, 1912, in Book N,
Page 635. Skamania County Deed Records.---

015121

REAL ESTATE EXCISE TAX

Dated this 15 day of July, 1992

By Vivian P. Nichols
VIVIAN P. NICHOLS

By

JUL 23 1992

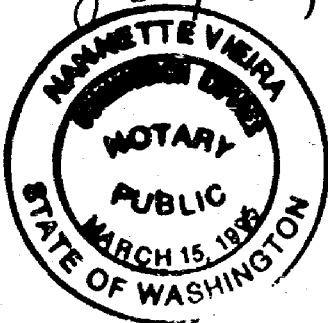
PAID 1257.60

By [Signature]
SKAMANIA COUNTY TREASURER

By _____ By _____

STATE OF WASHINGTON
COUNTY OF KLIKITAT } ss

I certify that I know or have satisfactory evidence that VIVIAN P. NICHOLS

is the person who appeared before me, and said person acknowledged that
she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes
mentioned in this instrument.Dated: July 15, 1992Nannette Vieira

Notary Public in and for the State of WASHINGTON

Residing at WHITE SALMON

My appointment expires: 03-15-95

A tract of land in the Southwest Quarter of Section 21, Township 3 North, Range 10 East of the Willamette Meridian in the County of Skamania, State of Washington described as follows:

Beginning at a point 217 feet East of an iron pipe at the Northwest corner of the Southwest Quarter of the Southwest Quarter of the said Section 21; thence North 35.25 feet; thence East 150 feet; thence South 88.2 feet to the North line of the right of way of the said Underwood-Willard Highway; thence Westerly along the North line of said road 162.25 feet to a point due South of the point of beginning; thence North 114.75 feet to the point of beginning.

BOOK 129 PAGE 875

SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH CERTIFICATE

10104 STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER
JAMES W NICHOLS M DEC. 20, 1982 146-8
STATE FILE NUMBER

RACE (WHITE, BLACK, AM AND S, AGE, LAST BIRTH, UNDER 1 YEAR, UNDER 1 DAY, BIRTHDATE (MO DAY YR), COUNTY OF DEATH
WHITE 56 MOS DAYS HOURS MIN August 21, 1926 KING

10 CITY, TOWN OR LOCATION OF DEATH 11 PLACE OF DEATH: BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 12 RECEIVED EMERGENCY
SEATTLE VETERANS ADMINISTRATION MEDICAL CENTER NO YES/

13 BIRTH STATE (IF NOT U.S.A. GIVE COUNTRY) 14 CITIZEN OF WHAT COUNTRY 15 MARRIED NEVER MARRIED 16 SPOUSE (IF WIFE GIVE MARRIAGE NAME) 17 WAS DECEDENT EVER IN U.S. ARMED FORCES (YES/NO)
ALASKA U.S.A. DIVORCED YES YES

18 SOCIAL SECURITY NO 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) 20 KIND OF BUSINESS OR INDUSTRY
COMMERCIAL FISHERMAN COMMERCIAL FISHING

21 RESIDENCE - NUMBER AND STREET 22 CITY, TOWN OR LOCATION 23 HOME CITY (CITY, STATE, ZIP) 24 COUNTY 25 STATE
2201 3RD AVENUE SEATTLE YES KING WASHINGTON

26 FATHER - NAME FIRST, MIDDLE, LAST 27 MOTHER - GARDEN NAME FIRST, MIDDLE, LAST
JAMES HENDERSON NICHOLS ORA GEIGER

28 INFORMANT - NAME 29 MARRIAGE ADDRESS STREET OR RFD NO CITY OR TOWN STATE
JIM NICHOLS 2201 3rd AVE #1502, SEATTLE, WASHINGTON

30 BURIAL OR CREMATION 31 DATE (MO DAY YR) 32 CREMATION 33 LOCATION - CITY/TOWN STATE
CREMATION 12-22-1982 ARTHUR A WRIGHT CREMATORY SEATTLE, WASHINGTON

34 FUNERAL DIRECTOR 35 NAME OF FACILITY 36 ADDRESS OF FACILITY
ARTHUR A. WRIGHT FUNERAL HOME 520 W RAYE, SEATTLE, WASH

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED 38 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE M.D. SIGNATURE AND TITLE
X DECEMBER 21, 1982 1130 X

39 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 40 PRONOUNCED DEAD (MO DAY YR) 41 HOUR PRONOUNCED DEAD (24 HRS)
R. DAVIDSON M.D. VAMC, 4435 BEACON AVENUE SOUTH, SEATTLE, WASHINGTON 98108

42 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)) 43 INTERVAL BETWEEN ONSET AND DEATH
(A) ACIDOSIS, RESPIRATORY FAILURE DAYS
(B) CHRONIC RENAL FAILURE MONTHS
(C) DIABETES YEARS
44 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE 45 AUTOPSY (YES NO) 46 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (YES/NO)
NO NO

47 AGE, SEX, RACE, HOB, UNDET, OR 48 INJURY DATE (MO DAY YR) 49 HOUR OF INJURY (24 HRS) 50 DESCRIBE HOW INJURY OCCURRED
PENDING INVEST (SPECIFY)

51 INJURY AT WORK (YES NO) 52 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (SPECIFY) 53 LOCATION - STREET OR RFD NO, CITY, TOWN, STATE
54 REGISTRAR SIGNATURE 55 DATE RECEIVED (MO DAY YR)
X Thomas M. Swath DEC 23 1982

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

By

Seattle, Wash

CS 132078 "Decliner"

Not a certified copy unless raised seal of the Health Department and original countersignature appear hereon.