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FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpinski & Assoc.

JAN 10 1 11 PM '97
O Lowry
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Kielpinski & Associates, P.C.
P.O. Box 510
Stevenson WA 98648
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Document Title(s) or transactions contained therein:
1. CERTIFICATE OF DEATH (To remove life estate)

Grantor(s): [Last name first, then first name and initials]
1. HANSEN, Louise Minerva (Decedent)

☐ Additional names on page _____ of document

Grantee(s): [Last name first, then first name and initials]
1. N/A

☐ Additional names on page _____ of document

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/¼/¼]
Commencing at a point 110' northerly from the SW corner of Lot 10 of Stevenson Park Addition according to the official plat thereof on file and of record in the office of the Auditor of Skamania County WA, measured along the westerly line of the said Lot 10; thence northerly along the westerly line of the said Lot 10 a distance of 70 feet to a point on the East side of Strawberry road 180 feet North of the SW corner of the said Lot 10; thence East 79 feet to intersection with the county road known as the John's road; thence southeasterly along the said John's Road to a point East of the point of beginning; thence West to the point of beginning.

☐ Complete legal description is on page _____ of document

Reference Number(s) of Documents Assigned or Released: [Bk/Pg/Aud#]
1. Book 126, Page 639, File # 112660 (Life Estate Reserved)

☐ Additional numbers on page _____ of document

Assessor's Property Tax Parcel/Account Number(s):
1. 03-07-36-1-4-3400-00

☐ Property Tax Parcel ID is not yet assigned

Gary M. Martin, Skamania County Assessor
01/09/97 Parcel # 3-7-36-1-4-3400
Date _____ By _____

18540

REAL ESTATE EXCISE TAX

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

JAN 9 1997
PAID Exempt
JW
SKAMANIA COUNTY TREASURER

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

16

LOCAL FILE NUMBER

Washington State Department of Health

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CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1 NAME — First: Minerva — Middle: Louise — Last: HANSEN

2 SEX (M/F): Female

3 DEATH DATE (Mo Day Yr): March 24, 1994

4 AGE LAST BIRTHDAY (Yrs): 84

5 UNDER 1 YEAR — MOS: — DAYS:

6 UNDER 1 DAY — HOURS: — MINS:

7 BIRTHDATE (Mo Day Yr): Dec. 22, 1909

8 BIRTHPLACE (City State or Foreign Country): Port Townsend,WA.

9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No

10 COUNTY OF DEATH: Skamania

11 CITY TOWN OR LOCATION OF DEATH: Carson

12 PLACE OF DEATH (X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP 5 ☐ NURSING HOME 6 X OTHER PLACE: Boyer's Foster Care Home

13 SMOKING IN LAST 15 YEARS? (Yes/No): No

14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed

15 SURVIVING SPOUSE (If wife give maiden name): Carl H. Hansen

16 SOCIAL SECURITY NO: [redacted]

17 DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary Secondary (0-12): 12 — College (1-4 or 5+): 1

18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Nurse

19 KIND OF BUSINESS OR INDUSTRY: Nursing

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): White

22 RESIDENCE - NUMBER AND STREET: Smith Beckon Road

23 CITY, TOWN OR LOCATION: Carson

24 INSIDE CITY LIMITS? (Yes/No): Yes

25A COUNTY: Skamania

25B LENGTH OF RES IN CO: 2 Yrs.

26 STATE: WA.

27 ZIP CODE: 98610

PARENTS

28 FATHER'S NAME—FIRST MIDDLE LAST: Henry Sindel

29 MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME: Amelia - -

30 INFORMANT - NAME: Marsha Mansfield

31 MAILING ADDRESS — STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: Box 129 409 Columbia No. Bonneville, WA. 98639

DISPOSITION

32 BURIAL CREMATION REMOVAL OTHER (Specify): Rem/Burial

33 DATE (Mo Day Yr): 3-30-1994

34 CEMETERY/CREMATORY - NAME: Mt. Angeles Memorial Park

35 LOCATION - CITY, TOWN, STATE: Port Angeles, WA.

36 FUNERAL DIRECTOR SIGNATURE: X [signature]

37 NAME OF FACILITY: Anderson Funeral Home

38 ADDRESS OF FACILITY: 1401 Belmont,Hood River,OR.

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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: X [signature] MD

40 DATE SIGNED (Mo Day Yr): March 29, 1994

41 HOUR OF DEATH (24 Hrs): 6:00 P.M.

42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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: X

44 DATE SIGNED (Mo Day Yr)

45 HOUR OF DEATH (24 Hrs)

46 PRONOUNCED DEAD (Mo Day Yr)

47 HOUR PRONOUNCED DEAD (24 Hrs)

48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Raymond Fitzsimmons MD., P.O. Box 1519 White Salmon, WA. 98672

49 ME/CORONER FILE NUMBER

CAUSE OF DEATH

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 Multiple Cerebrovascular Accidents — INTERVAL BETWEEN ONSET AND DEATH: YEARS

DUE TO OR AS A CONSEQUENCE OF

B Atherosclerotic Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: YEARS

DUE TO OR AS A CONSEQUENCE OF

C — INTERVAL BETWEEN ONSET AND DEATH

DUE TO OR AS A CONSEQUENCE OF

D — 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

58 INJURY AT WORK? (Yes/No): No

59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify)

60 LOCATION - STREET OR RFD NO, CITY, TOWN, STATE

61 RECORD AMENDMENT (Registrar use only) — ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

62 REGISTRAR'S SIGNATURE: X [signature], MD

63 DATE RECEIVED (Mo Day Yr): March 30, 1994

Gary M. Mansfield, Skamania County Assessor — Date 6/19/97 — Parcel # 3-7-32-1-4-3400

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 1/91) DOH 630-153 (5/92)

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