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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
(509) 427-5665

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. Marks, Skamania County Assessor
01/09/97 Parcel # 03-07-36-1-4-3400
Date

18510

REAL ESTATE EXCISE TAX

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

JAN 9 1997
PAID Exempt
JW
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

16
LOCAL FILE NUMBER

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CERTIFICATE OF DEATH

STATE FILE NUMBER

Field	Entry
1. NAME (First, Middle, Last)	Minerva Louise 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 (Check box for place, then give address or institution name) 1 Home 2 In transport 3 Emerg. Rm/Outpt. 4 Hosp. 5 Nurhome 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) / College (1-4 or 5+)	12 / 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? (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
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
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.

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

Field	Entry
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

Field	Entry
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)	

Field	Entry
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	

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

	Cause	Interval between onset and death
A	Multiple Cerebrovascular Accidents	YEARS
B (Due to or as a consequence of)	Atherosclerotic Vascular Disease	YEARS
C (Due to or as a consequence of)		
D (Due to or as a consequence of)		

Field	Entry
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 SIGNATURE	X [signature], MD
63. DATE RECEIVED (Mo, Day, Yr)	March 30, 1994

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

Gary H. Martin, Skamania County Assessor
Date 01/04/97 Parcel # 3-7-36-1-4-3400
[initials]