

132064

BOOK 178 PAGE 856

Return Address:

TERRY BURKE
3812 LOVELL RD
WENATCHEE, WA 98801

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Terry Burke*

JUN 30 4 28 PM '98

P. Henry
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. <i>Certificate of Death</i>	
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	REAL ESTATE EXCISE TAX
1. <i>Smith, Lawrence E.</i>	19621
2.	JUN 30 1998
3.	PAID <i>Exempt</i>
4.	<i>W. Smith, County</i>
<input type="checkbox"/> Additional Names on page ____ of document.	SKAMANIA COUNTY TREASURER
GRANTEE(S) (Last name, first, then first name and initials)	
1. <i>Smith, Kathryn L.</i>	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on page ____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
<i>W2 SE4 NW4 Section 21 T30 R5E W1N</i>	
<input type="checkbox"/> Complete legal on page <i>2</i> of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	
<i>CPA - Book 72 Page 175 DID 1-21-77</i>	
<input type="checkbox"/> Additional numbers on page ____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
<i>03-08-21-2-0-0808-20</i>	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned.	
<input type="checkbox"/> Additional parcel #'s on page ____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health BOOK 178 PAGE 857
CERTIFICATE OF DEATH

1. NAME First Middle Last Lawrence Eugene SMITH		2. SEX (M / F) Male	3. DEATH DATE (Mo. Day Yr.) April 7, 1998
4. AGE LAST BIRTHDAY (Yrs.) 63	5. UNDER 1 YEAR Mo. Days Hours Mins.	6. BIRTHDATE (Mo. Day Yr.) 1/28/1935	7. BIRTH-PLACE (City, State or Foreign Country) Port Angeles, WA
11. CITY, TOWN OR LOCATION OF DEATH White Salmon		12. PLACE OF DEATH—BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Skyline Hospital	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife give maiden name) Kathryn L. Porter	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Millworker		19. KIND OF BUSINESS OR INDUSTRY Plywood Mill	
22. RESIDENCE—NUMBER AND STREET 81 Evergreen		23. CITY/TOWN OR LOCATION Carson	
24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania	
25B. LENGTH OF RES. IN CO. 31 yrs		26. STATE WA	
27. ZIP CODE 98610		28. FATHER'S NAME—FIRST, MIDDLE, LAST John M. Smith	
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Margaret - Lynch		30. INFORMANT—NAME Alyce M. Hillman	
31. MAILING ADDRESS 1375 W. Lauridsen Blvd. Port Angeles, WA 98366		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
33. DATE (Mo. Day Yr.) 4/9/98		34. CEMETERY, CREMATORY—NAME Win-quatt Crematory	
35. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		36. ADDRESS OF FACILITY White Salmon, WA 98672	
37. NAME OF PHYSICIAN Gregory Zuck			
38. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Gregory Zuck, M.D. POB 1519 White Salmon, WA 98672			
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			
40. DATE SIGNED (Mo. Day Yr.) 4/9/98			
41. HOUR OF DEATH (24 Hrs.) 0555			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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) Gregory Zuck, M.D. POB 1519 White Salmon, WA 98672			
49. MECCORNER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Acute myocardial infarction			
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.			
B. DUE TO OR AS A CONSEQUENCE OF			
C. DUE TO OR AS A CONSEQUENCE OF			
D. DUE TO OR AS A CONSEQUENCE OF			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Perforated duodenal ulcer / Surgery			
52. AUTOPSY? (Yes / No) No			
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes			
54. ACC. SUICIDE, HOMICIDE, 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)			
59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)			
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. REGISTRAR SIGNATURE X			
62. DATE RECEIVED (Mo. Day Yr.) APR 09 1998			

For Veterans Use Only

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/81) (Formerly DSHS 9-150)

DOH 01-003 (8-96)

THIS IS A CERTIFIED COPY FOR THE RECORDS OF THE STATE OF WASHINGTON. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

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②

A tract of land located in the west half of the Southeast quarter of the Northwest quarter (W ½ SE ¼ NW ¼) of Section 21 - township 3 North, Range B.E.W.M. - Beginning at a point 420 feet North and 350 feet East of the Southwest corner of the SE ¼ of the NW ¼ of Section 21. Thence North 200 feet; thence East 100 feet; thence South 200 feet to the North Line of Evergreen Street on the plat of Evergreen Acres - thence West along the North Line of said street to the point of beginning.

Gary H. Martin, Skamania County Assessor

Date 6-30-98 Parcel # 3-A-21-2-808

Exempt

REAL ESTATE EXCISE TAX

19621

JUN 30 1998

PAID Exempt

W. Gordon Cepeda

SKAMANIA COUNTY TREASURER