

137888

BOOK 198 PAGE 361

FILED
SKAMANIA CO. TITLE

APR 17 2 31 PM '00

P. Lawry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Frank Kasziewicz

Address 2652 Skye Road

City/State Washougal, WA 98671

SCR 23239

Document Title(s): (or transactions contained therein)

1. Death Certificate
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Kasziewicz, Katherine Ann
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Kasziewicz, Frank J.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
A tract of land in the Southeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

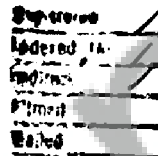
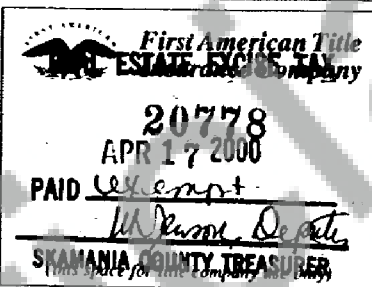
Lot 2 of the wienken Short Plat recorded in Book 3 of Short Plats, Page 331, Skamania County Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-19-0-0-1101-00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

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TYPE OR PRINT IN PERMANENT BLACK INK

41

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First Middle Last Katherine Ann Kaszlewicz				2 SEX (M/F) Female		3 DEATH DATE (Mo Day Yr) November 22, 1999	
4 AGE LAST BIRTHDAY (Yr) 53		5 UNDER 1 YEAR MOS DAYS HRS 11/5/1946		6 BIRTH PLACE (City, State or Foreign Country) Boston, MA.		7 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	
8 CITY, TOWN OR LOCATION OF DEATH Washougal				9 PLACE OF DEATH (SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 HOME 2 IN TRANSPORT 3 EMERG. RES. OUTPAT. 4 HOSP. 5 NUR. HOME 6 OTHER PLACE 2652 Skye Rd.		10 COUNTY OF DEATH Skamania	
11 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		12 SURVIVING SPOUSE (If wife, give maiden name) Frank John Kaszlewicz		13 SOCIAL SECURITY NO. [REDACTED]		14 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 11	
15 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		16 KIND OF BUSINESS OR INDUSTRY Own Home		17 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		18 RACE (Specify) White	
19 RESIDENCE—NUMBER AND STREET 2652 Skye Rd.		20 CITY/TOWN OR LOCATION Washougal		21 INSIDE CITY LIMITS? (Yes/No) No		22 COUNTY Skamania	
23 FATHER'S NAME—FIRST, MIDDLE, LAST Wesley J. Hiron		24 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Gertrude Tobin		25 LENGTH OF RES. IN CO. 30 Yrs		26 STATE WA	
27 INFORMANT—NAME Frank Kaszlewicz		28 MAILING ADDRESS STREET OR P.O. NO. CITY OR TOWN STATE ZIP 2652 Skye Rd. Washougal WA 98671		29 DATE (Mo, Day, Yr) 11/24/1999		30 CEMETERY/CREMATORY—NAME Portland Cremation Center	
31 FUNERAL DIRECTOR SIGNATURE C. M. [Signature]		32 NAME OF FACILITY STRAUB'S FUNERAL HOME		33 LOCATION—CITY/TOWN, STATE Portland, Oregon		34 ADDRESS OF FACILITY 325 NE 3rd Ave Camas, Washington 98607	
35 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 [Signature] Coroner				36 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 [Signature] Coroner			
37 DATE SIGNED (Mo, Day, Yr) Nov. 30, 1999		38 HOUR OF DEATH (24 Hrs) Nov. 22, 1999		39 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bradley Andersen, Prosecuting Atty. P.O. Box 790 Stevenson, WA 98648		40 HOUR OF DEATH (24 Hrs) Unknown	
41 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen, Prosecuting Atty. P.O. Box 790 Stevenson, WA 98648		42 PRONOUNCED DEAD (Mo, Day, Yr) Nov. 22, 1999		43 HOUR PRONOUNCED DEAD (24 Hrs) 1510		44 MEACORNER FILE NUMBER 99-130 SK	
45 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. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A Occulsive Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF B Gary H. Martin, Skamania County Assessor DUE TO, OR AS A CONSEQUENCE OF C 4-17-00 Parcel # 02-05-19-0010100 DUE TO, OR AS A CONSEQUENCE OF D 170				INTERVAL BETWEEN ONSET AND DEATH Unknown	
46 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE							
47 ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) Natural		48 INJURY DATE (Mo, Day, Yr) Nov. 22, 1999		49 HOUR OF INJURY (24 Hrs) 1510		50 DESCRIBE HOW INJURY OCCURRED [Signature]	
51 INJURY AT WORK? (Yes/No) No		52 PLACE OF INJURY—AT HOME, FARM, STREET, BLDG, ETC. (Specify) [REDACTED]		53 FACTORY, OFFICE, ROAD, OR OTHER STREET OR RD. NO., CITY/TOWN, STATE [REDACTED]		54 RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY REVIEWED BY DATE [Signature]	
55 DATE RECEIVED (Mo, Day, Yr) 11/30/99						56 DOH 01-003 (5-99)	

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE 1. OFFICIAL SEAL

**AFFIDAVIT
Lack of Probate**

State of Washington

County of SKAMANIA

FRANK KASZIEWICZ, being first duly sworn, deposes and says:

1. The undersigned affiant is the Husband of WIFE
(relationship to decedent) (decedent)
who died NOV 22, 1999 at WASHOUE
(date of death) (year) (city)
State of WASHINGTON, then being a legal resident of WASHOUE
(county) (state) (city)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☒ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in _____ County, State of _____ A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

<u>JOHN KASZIEWICZ</u>	<u>37</u>	<u>SON</u>	<u>WASHINGTON</u>
(full name)	(age)	(relationship)	(residence)

HEIRS AT LAW (continued)

<u>RICHARD KASZIEWICZ</u> (full name)	<u>35</u> (age)	<u>SON</u> (relationship)	<u>VANCOUVER</u> (residence)
<u>KIMBERLY DULAN</u> (full name)	<u>34</u> (age)	<u>DAUGHTER</u> (relationship)	<u>WASHINGTONE</u> (residence)
<u>LESLIE FULLER</u> (full name)	<u>32</u> (age)	<u>DAUGHTER</u> (relationship)	<u>PORTLAND</u> (residence)
<u>LISA GAYLOR</u> (full name)	<u>30</u> (age)	<u>DAUGHTER</u> (relationship)	<u>BATTLE GROUND</u> (residence)
<u>ANTHONY KASZIEWICZ</u> (full name)	<u>29</u> (age)	<u>SON</u> (relationship)	<u>PORTLAND</u> (residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:
5. The decedent ☐ had ☐ had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
6. As of the date of death, the value of all community property of the decedent was approximately \$ _____. The value of all separate property of the decedent was approximately \$ _____.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Paul Peterson
Affiant's Full Name

4/14/00
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Shannon) ss.

On this day personally appeared before me _____ to me known to be the individual _____ described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 14 day of April, 2000.

Notary Public
State of Washington
JAMES R COPELAND, JR
MY COMMISSION EXPIRES
September 13, 2003

James R. Copeland, Jr.
Notary Public in and for the State of
Washington, residing at Stevens
My appointment expires 9-13-00