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BOOK 204 PAGE 17

FILED FOR RECORD
SKAMANIA CO. WASH
BY DEANETTE CO. TALL

OCT 31 10 16 AM '00

P. Lawry
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name FRANK KASZIEWICZ
Address 2652 SKYE RD
City/State Washougal WA 98671

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

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



First American Title
Insurance Company

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)

SE 1/4 of Sec 19, T2N, R5E
Ac 2

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-19-0-0-0900

Gary H. Martin, Skamania County Assessor

WA-1 Date 10-31-00 Parcel # 2-5-19-900, 1102, 1163

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.

REAL ESTATE EXCISE TAX

21170
OCT 31 2000

PAID CEK Enpt
Th. Lawrence, Deputy
SKAMANIA COUNTY TREASURER

60-020-19-
40-000-
170-00
00-00

1102
1103

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 198 PAGE 362
BOOK 204 PAGE 19

41
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1 NAME Katherine Ann Kasziewicz
2 SEX (M/F) Female
3 DEATH DATE (Mo, Day, Yr) November 22, 1999
4 AGE LAST BIRTH DAY 53
5 UNDER 1 YEAR MOS. DAYS
6 UNDER 1 YEAR HOURS MINS
7 DEATH DATE (Mo, Day, Yr) 11/5/1946
8 BIRTH PLACE (City, State & Foreign Country) Boston, MA.
9 WAS DECEDENT EVER A U.S. ARMED FORCES? (Yes/No) No
10 COUNTY OF DEATH Skamania
11 CITY, TOWN OR LOCATION OF DEATH Washougal
12 PLACE OF DEATH (If box for place then give address or institution name) 2652 Skye Rd.
13 DATE AND TIME OF DEATH (Mo, Day, Yr, Hour, Min) 11/22/99 11:00 AM
14 MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated) Married
15 SURVIVING SPOUSE (Name & address) Frank John Kasziewicz
16 SOCIAL SECURITY NO. [REDACTED]
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 11
18 USUAL OCCUPATION (Give kind of work only during most of working life. DO NOT USE RETIRED) Homemaker
19 KIND OF BUSINESS OR INDUSTRY Own Home
20 WAS DECEDENT OF HISPANIC OR LATINO ORIGIN? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
21 RACE (Specify) White
22 RESIDENCE - NUMBER AND STREET 2652 Skye Rd.
23 CITY, TOWN OR LOCATION Washougal
24 INDEX CITY (Yes/No) No
25 COUNTY Skamania
26 LENGTH OF RES. PLCE 30 Yrs
27 STATE WA
28 ZIP CODE 98671
29 FATHER'S NAME - FIRST, MIDDLE, LAST Wesley J. Hiron
30 MOTHER'S NAME - FIRST, MIDDLE, LAST Gertrude Tobin
31 INFORMANT - NAME Frank Kasziewicz
32 MAILING ADDRESS 2652 Skye Rd. Washougal WA 98671
33 DATE (Mo, Day, Yr) 11/24/1999
34 CEMETERY/CREMATORY - NAME Portland Cremation Center
35 LOCATION - CITY, TOWN, STATE Portland, Oregon
36 FUNERAL DIRECTOR SIGNATURE C.M. Davis
37 NAME OF FACILITY STRAUB'S FUNERAL HOME
38 ADDRESS OF FACILITY 325 NE 3rd Ave Camas, Washington 98607

39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED
40 DATE SIGNED (Mo, Day, Yr) Nov. 30, 1999
41 HOUR OF DEATH (24 Hrs) 11:00
42 NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIED (Type or Print) Gary H. Martin, Skamania County Assessor
43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED
44 DATE SIGNED (Mo, Day, Yr) Nov. 22, 1999
45 HOURS OF DEATH (24 Hrs) 11:00
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen, Prosecuting Atty. P.O. Box 790 Stevenson, WA 98648
47 HOUR PROFOUNDED DEAD (24 Hrs) 1510
48 IEC CORONER FILE NUMBER 99-130 SK

49 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 Occulsive Atherosclerotic Cardiovascular Disease
B DUE TO, OR AS A CONSEQUENCE OF
C DUE TO, OR AS A CONSEQUENCE OF Gary H. Martin, Skamania County Assessor
D DUE TO, OR AS A CONSEQUENCE OF Date 4-17-00 Parcel # 02-05-19-00 1101 00
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
52 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify) Natural
53 INJURY DATE (Mo, Day, Yr)
54 HOUR OF INJURY (24 Hrs)
55 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)
56 LOCATION - STREET OR RD NO., CITY, TOWN, STATE
57 RECORD AMENDMENT (Regal. or use only) ITEM DOCUMENTARY REVIEWED BY DATE
58 DATE RECEIVED (Mo, Day, Yr) 11/30/99

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS, DEPARTMENT OF HEALTH, OLYMPIA, WA

BOOK 204 PAGE 19

Parcel I

A tract of land in the North half of 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:

Lots 3 and 4 of the Wiemken Short Plat, recorded in Book 3 of Short Plats, Page 331, Skamania County Records.

Parcel II

A tract of land in the North half of 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 3 of the Kasziewicz Short Plat, recorded in Book 3 of Short Plats, Page 327, Skamania County Records.

Gary H. Martin, Skamania County Assessor

Date 10-31-00 Parcel # 2-5-19-700
1102
1103

BOOK 198 PAGE 363
BOOK 204 PAGE 20

AFFIDAVIT
Lack of Probate

State of Washington

County of SKAMIA

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 WASHOU
(date of death) (year) (city)
State of WASHINGTON, then being a legal resident of WASHOU
(state) (city)
SKAMIA, WASHINGTON
(county) (state)

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:

JOHN KASZIEWICZ 37 SON WASHOU
(full name) (age) (relationship) (residence)

002204

BOOK 198 PAGE 364

BOOK 204 PAGE 21

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>WASHUQUAH</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:

BOOK 198 PAGE 365
BOOK 204 PAGE 22

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.

Frank Kasziewicz
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 Frank Kasziewicz 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 Stevenson
My appointment expires 9-13-00