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BOOK 204 PAGE 275

FILED FOR RECORD
SKAMANIA COUNTY WASH

By *Ruth E. Josi*

Nov 14 11 48 AM '00

G. H. Olson
AUDITOR
GARY H. OLSON

RETURN ADDRESS:

*Ronald E.
Ruth E. Josi
PO Box 293
North Bonneville WA 98639*

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. <i>Death Certificate</i>	
2. <i>CDA - book 126 page 608 DTD 12-23-1991</i>	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	REAL ESTATE EXCISE TAX
1. <i>Josi, Ronald E.</i>	<i>21187</i>
2.	<i>NOV 14 2000</i>
3.	<i>AID <i>Ceyron of</i></i>
4.	<i>11-14-00</i>
<input type="checkbox"/> Additional Names on Page _____ of Document.	<i>11-14-00</i>
GRANTEE(S) (Last name, first, then first name and initials)	SKAMANIA COUNTY TREASURER
1. <i>Josi, Ruth E.</i>	<i>Gary H. Martin, Skamania County Assessor</i>
2.	<i>Date 11/14/2000 Parcel # 2-1-30-1-1-2000</i>
3.	<i>LOT 6 BTR 2</i>
4.	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)	

<input type="checkbox"/> Complete Legal on Page _____ of Document.	
REFERENCE NUMBER(S) Of Document assigned or released:	

<input type="checkbox"/> Additional Numbers on Page _____ of Document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
<i>PARCEL # 02-07-30-1-1-2500-00</i>	
<input type="checkbox"/> Property Tax parcel ID is not yet assigned.	
<input type="checkbox"/> Additional Parcel Numbers 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.	

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH 146

TYPE OF FRENCH PERMANENT BLACK IN: 30 LOCAL FILE NUMBER

OFFICE USE ONLY: DISTRICT 2, ZIP CODE 5

1 NAME: Ronald Ernest JOSI		2 SEX: Male	3 DEATH DATE (Mo Day Yr): September 3, 2000
4 AGE LAST BIRTH DAY (Yr M): 73 Yrs.	5 SPICER YEAR: 73	6 UPPER DAY: 03	7 BIRTH DATE (Mo Day Yr): 9-10-1926
8 PLACE OF BIRTH: Oregon City, OR.		9 WAS DECEASED EVER FULL-SKINNED FORESKIN (YES/NO): No	10 COUNTY OF DEATH: Skamania
11 CITY/TOWN OR LOCATION OF DEATH: North Bonneville		12 PLACE OF DEATH: 206 Farwest Street	
13 MARRIAGE STATUS: Married		14 SURVIVING SPOUSE (Name & Address): Ruth Elaine Koelling	
15 USUAL OCCUPATION: Pastor		16 SOCIAL SECURITY NO.: [REDACTED]	
17 RESIDENCE: 206 Farwest Street, North Bonneville		18 DECEASED'S EDUCATION: C-5+	
19 FATHER'S NAME: Ernest Gustav Josi		20 MOTHER'S NAME: Amanda Wanke	
21 BURIAL/CREMATION: Burial		22 DATE: 9-8-2000	
23 CEMETERY/CREMATORIAN: Washougal Memorial		24 LOCATION: Washougal, Washington	
25 FUNERAL DIRECTOR: Brown's Funeral Home		26 ADDRESS: 410 N.E. Garfield Street, Camas, Washington 98607	
27 SIGNATURE AND TITLE: Michael J. Javelle M.D.		28 DATE SIGNED: 9/5/00	
29 HOUR OF DEATH: 2140		30 NAME AND TITLE OF ATTENDING PHYSICIAN: Michael Javelle M.D., 505 N.E. 87th Ave., Vancouver, Washington 98664	
31 IMMEDIATE CAUSE: Atherosclerotic Heart Disease		32 INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]	
33 UNDERLYING CAUSE: [REDACTED]		34 INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]	
35 OTHER SIGNIFICANT CONDITIONS: [REDACTED]		36 INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]	
37 ADD SUICIDE HOW UNDER OR PENDING INVESTIGATION (Specify): No		38 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify): Yes	
39 INJURY AT WORK (Specify): No		40 DATE RECEIVED: SEP 06 2000	
41 RECORD ASSIGNMENT: Raven Stenjart, MD		42 DATE RECEIVED: SEP 06 2000	

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Lot 6, Block 2 PLAT OF RELOCATED NORTH BONNEVILLE, according to the Plat recorded in Book "B", Page 8, Auditors File No. 83465 and Re-recorded in Book "B", Page 24, Auditors File No. 84429, Skamania County Plat Records.

Gary H. Martin, Skamania County
Date 11/14/2000 Parcel # 2-7-30-1-1-2500
Lot 6 BIK 2

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