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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JUN 21 3 02 PM '01
O. Lawry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Cari Hastings
Address 10883 SE 10th St #52
City/State Vancouver WA 98664
SCR 24089

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

1. Deed Cert.
- 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. Fisher, Violet F.
- 2.
- 3.
- 4.

☐ Additional names on page _____ of document

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

1. Hastings, Cari L.
- 2.
- 3.
- 4.

☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

LOT 3 and the West 35 feet of LOT 2 of the
Robert W. Barnes Subdivision, according to the
Record Plat filed and recorded in BA of plat, page 112
in the County of Skamania, State of WA.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-21-2-0-1200

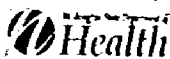
Gary H. Martin, Skamania County Assessor

Date 6-21-01 Parcel # 03 08 21 20 1200 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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CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK		38		LOCAL PREparer	
1 NAME		F		LAST	
Violet		F		FISHER	
4 A. DATE OF BIRTH		5 UNDER 1 YEAR		6 UNDER 1 DAY	
85					
7. DATE OF DEATH		8. PLACE OF BIRTH		9. COUNTY OF BIRTH	
11/30/1915		Colorado Springs		CO	
10. CITY, TOWN, OR LOCATION OF DEATH		11. PLACE OF DEATH		12. COUNTY OF DEATH	
Carson		622 Metzger Road		Skamania	
13. MARITAL STATUS - Married		14. SURVIVOR'S SPOUSE (Name and address)		15. SOCIAL SECURITY NUMBER	
Widowed				531-68-1760	
16. USUAL OCCUPATION (If not at work, do not use RETIRED)		17. FIELD OF BUSINESS OR INDUSTRY		18. OCCIDENTAL EDUCATION	
Homemaker		Own Home		10	
19. RESIDENCE - NUMBER AND STREET		20. CITY, TOWN, OR LOCATION		21. RACE (Specify)	
622 Metzger Road		Carson		White	
22. FATHER'S NAME - FIRST MIDDLE LAST		23. MOTHER'S NAME - FIRST MIDDLE LAST		24. LENGTH OF RESIDENCE IN STATE	
John Coughlin		Nayina Tebo		58 yrs WA	
25. INFORMANT - NAME		26. MAILING ADDRESS		27. ZIP CODE	
Ron Fisher		2055 SE 44th Ave #3130 Hillsboro, OR 97123		98610	
28. BURIAL OR CREMATION		29. CEMETERY OR CREMATION		30. LOCATION - CITY, TOWN, STATE	
Burial		White Salmon Cemetery		White Salmon, WA	
31. DATE OF BURIAL		32. NAME OF FACILITY		33. ADDRESS OF FACILITY	
11/6/2000		Gardner Funeral Home		POB 390	
34. SIGNATURE OF PHYSICIAN		35. SIGNATURE OF MEDICAL EXAMINER OR CORONER		36. ADDRESS OF FACILITY	
Anthony Gay, MD				White Salmon, WA 98672	
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED		38. 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		39. SIGNATURE AND TITLE	
X		X		X	
40. DATE SIGNED (Mo, Day, Yr)		41. HOUR OF DEATH (24 Hrs)		42. DATE SIGNED (Mo, Day, Yr)	
11-2-00		1745			
43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		44. PROLONGED DEAD (Mo, Day, Yr)		45. HOUR PROLONGED DEAD (24 Hrs)	
Anthony Gay, MD 1108 June St. Hood River, OR 97031					
46. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH		47. INTERVAL BETWEEN ONSET AND DEATH		48. INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Metastatic Cancer		Months	
DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
Separately list conditions, if any, leading to the immediate cause. Enter underlying cause (Disease or injury which initiated events resulting in death) LAST.		DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
Hypercalcemia		21D6-21-01		INTERVAL BETWEEN ONSET AND DEATH	
49. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Type or Print)		50. AUTOPSY? (Yes/No)		51. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)	
		No		Yes	
52. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)		53. INJURY DATE (Mo, Day, Yr)		54. HOUR OF DEATH (24 Hrs)	
55. INJURY AT WORK? (Yes/No)		56. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG, ETC. (Specify)		57. FORWARDED TO? (CITY, TOWN, STATE)	
58. RECORD AMENDMENT (Register use only)		59. DATE RECEIVED (Mo, Day, Yr)		60. DATE RECEIVED (Mo, Day, Yr)	
ITEM REVIEWED BY DATE		X		Nov. 6, 2000	

