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141457

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

JUN 21 3 02 PM '01
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. Death Cert.
2.
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. Fisher, Violet F.
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
21598
JUN 21 2001
PAID
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Public Inc
2. Hastings, Cari L.
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)
LOT 3 and the West 35 feet of LOT 2 of the Robert W. Barnes Subdivision, according to the recorded plat thereof, recorded in B A of plats, 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 2 0 1200 0 0
WA-1 MD

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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LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146

Field	Entry
1. Name (First, Middle, Last)	Violet F. FISHER
2. Sex	F
3. Death Date	Nov. 1, 2000
4. Age Last Birthday	85
7. Birthdate	6/30/1915
8. Birthplace	Colorado Springs CO
9. Was Decedent Ever in U.S. Armed Forces?	No
10. County of Death	Skamania
11. City, Town or Location of Death	Carson
12. Place of Death	X Home; 622 Metzger Road
13. Smoking	No
14. Marital Status	Widowed
16. Social Security No.	531-68-1760
17. Decedent's Education	10
18. Usual Occupation	Homemaker
19. Kind of Business or Industry	Own Home
20. Hispanic Origin	No
21. Race	White
22. Residence – Number and Street	622 Metzger Road
23. City/Town or Location	Carson
24. Inside City Limits	No
25a. County	Skamania
25b. Length of Residence	58yrs
26. State	WA
27. Zip Code	98610
28. Father's Name	John Coughlin
29. Mother's Name	Navina Tebo
30. Informant – Name	Ron Fisher
31. Mailing Address	2055 SE 44th Ave #3130 Hillsboro, OR 97123
32. Burial, Cremation, Removal, Other	Burial
33. Date	11/6/2000
34. Cemetery/Crematory – Name	White Salmom Cemetery
35. Location	White Salmon, WA
36. Funeral Director Signature	[signature]
37. Name of Facility	Gardner Funeral Home
38. Address of Facility	POB 390 White Salmon, WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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 [signature] MD

40. Date Signed: 11-2-00

41. Hour of Death: 1745

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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

46. Name and Address of Certifier: Anthony Gay, MD 1108 June St. Hood River, OR 97031

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH

Immediate Cause: A. Metastatic Cancer — Interval between onset and death: - Months

B. Due to, or as a consequence of

C. Due to, or as a consequence of — BD 6-21-01

D. Due to, or as a consequence of

51. Other significant conditions: Hypercalcemia

52. Autopsy? No

53. Was case referred to medical examiner or coroner? Yes

SEAL OF THE STATE OF WASHINGTON 1889

62. Signature: X [signature] MD

63. Date Received: Nov. 6, 2000

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 01-005 (5/98)