

142650

BOOK 215 PAGE 888

FILED
SKAMANIA COUNTY
BY James + Susan Sharples

OCT 19 3 30 PM '01

W. H. M. D. E.

GARY H. OLSON

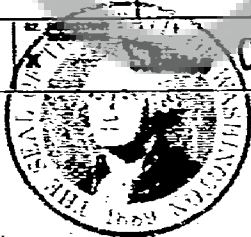
RETURN ADDRESS:

James + Susan Sharples
7014 185th Ave E
Bonney Lake, WA
98390

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. <u>Death Certificate</u>	
2. _____	
3. _____	
4. _____	
GRANTOR(S) (Last name, first, then first name and initials):	
1. <u>Sharples, John J.</u>	
2. _____	
3. _____	
4. _____	
☐ Additional Names on Page _____ of Document	REAL ESTATE EXCISE TAX
GRANTEE(S) (Last name, first, then first name and initials):	
1. <u>Sharples, Mary J.</u>	21840
2. _____	OCT 19 2001
3. _____	PAID <u>exempt</u>
4. _____	<u>W. H. M. D. E.</u>
☐ Additional Names on Page _____ of Document	SKAMANIA COUNTY TREASURER
LEGAL DESCRIPTION (Abbreviated i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)	
<u>Sect. 29 T3N R 8 EWM</u>	
☐ Complete Legal on Page _____ of Document	
REFERENCE NUMBER(S) Of Document assigned or released:	
<u>Community Property Agreement</u>	
<u>Vol 80 Pg 835 AF 93065 12/2/82</u>	
☐ Additional Numbers on Page _____ of Document	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER:	
<u>3-8-29-0-0-2500</u>	
☐ Property Tax parcel ID is not yet assigned.	Gary H. Martin, Skamania County Assessor
☐ Additional Parcel Numbers on Page _____ of Document	Date <u>11/19/01</u> Parcel # <u>3-8-29-2500</u>
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.	

STATE OF WASHINGTON DEPARTMENT OF HEALTH									
3749 LOCAL FILE NUMBER				Health CERTIFICATE OF DEATH		146 3749 STATE FILE NUMBER			
1. NAME JOHN JAMES SHARPLES Sr		2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) 09-08-2001					
4. AGE LAST BIRTHDAY (Mo, Day, Yr) 80		5. UNDER 1 YEAR 80		6. UNDER 1 DAY 80		7. BIRTHDATE (Mo, Day, Yr) 09-20-1920		8. PLACE OF BIRTH (City, State or Foreign Country) Coeur d'Alene, ID	
9. CITY, TOWN OR LOCATION OF DEATH Boonay Lake		10. PLACE OF DEATH (If not at home, give address or institution name) 7013 185th Ave E		11. COUNTY OF DEATH Pierce		12. DECEASED IN LAST 15 YEARS (Yes/No) No			
13. MARRIAGE STATUS (Married, Widowed, Divorced, Single) Married		14. SPOUSE'S NAME (Last, first, middle) Mary Jane Bray		15. SOCIAL SECURITY NO. 518-10-3040		16. DECEASED'S EDUCATION (Specify only high school or equivalent) 12			
17. USUAL OCCUPATION (Give kind of work done, not position or title) Fireman		18. KIND OF BUSINESS OR INDUSTRY Corp of Engineers		19. Was Decedent at home, origin of death? (Specify if not at home, specify location, street, room, etc.) No		20. RACE (Specify) White		21. ZIP CODE 98390	
22. RESIDENCE - NUMBER AND STREET 7013 185th Ave E		23. CITY, TOWN OR LOCATION Boonay Lake		24. COUNTY Pierce		25. LENGTH OF RES. (Mo, Yr) 8 Yrs		26. STATE WA	
27. FATHER'S NAME - FIRST, MIDDLE, LAST Richard Sharples		28. MOTHER'S NAME - FIRST, MIDDLE, LAST Rowena Mary Bertha Davis							
29. INFORMANT - NAME Mary Sharples		30. ADDRESS - STREET OR RFD NO. 7013 185th Ave E		31. CITY OR TOWN Boonay Lake		32. STATE WA		33. ZIP 98390	
34. DATE, TIME, PLACE OF DEATH Creation Sep 12, 2001		35. CREMATION - YES/NO Yes		36. CREMATION - CITY, STATE Seattle Washington		37. CREMATION - ADDRESS 317 Florentia Street Seattle, WA 98109			
38. SIGNATURE OF DECEASED <i>[Signature]</i>		39. SIGNATURE OF INFORMANT <i>[Signature]</i>		40. SIGNATURE AND TITLE OF PHYSICIAN OR OTHER PERSON Dr. Richard Oesterson 1322 3rd St SE #40 Puyallup Washington 98372					
41. TIME AND TITLE OF ATTESTING PHYSICIAN OR OTHER PERSON Dr. Richard Oesterson 1322 3rd St SE #40 Puyallup Washington 98372		42. HOUR OF DEATH (Mo, Day, Yr) 9-11-01		43. HOUR OF DEATH (Mo, Day, Yr) 1900		44. DATE SIGNED (Mo, Day, Yr) 9-11-01		45. HOUR OF DEATH (Mo, Day, Yr) 1900	
46. TIME AND TITLE OF ATTESTING PHYSICIAN OR OTHER PERSON Dr. Richard Oesterson 1322 3rd St SE #40 Puyallup Washington 98372		47. HOUR OF DEATH (Mo, Day, Yr) 9-11-01		48. HOUR OF DEATH (Mo, Day, Yr) 1900		49. DATE SIGNED (Mo, Day, Yr) 9-11-01		50. HOUR OF DEATH (Mo, Day, Yr) 1900	
51. ENTER THE CAUSE, MANNER, OR COMPLICATIONS WHICH CAUSED THE DEATH		52. ENTER THE CAUSE, MANNER, OR COMPLICATIONS WHICH CAUSED THE DEATH		53. ENTER THE CAUSE, MANNER, OR COMPLICATIONS WHICH CAUSED THE DEATH					
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106814

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FILED
RECORD
CLERK
BY

Feb 24 12 39 PM '89

J. V. J.

TAX DEED

GARY E. JON

STATE OF WASHINGTON)
COUNTY OF SKANANIA) ss.

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THIS INSTRUMENT, made the 24th day of February, 1989, between Wilma J. Cornwall, as Treasurer of Skanania County, State of Washington, part of the first part and JOHN SHARPLES, party of the second part:

WITNESSETH, that whereas at a public sale of real property held on the 24th day of February, 1989, pursuant to a real property tax judgment entered in the Superior Court in the County of Skanania, on the 2nd day of February, 1989, in proceedings to foreclose tax liens upon real property and an order of sale duly issued by said Court, JOHN SHARPLES duly purchased in compliance with the laws of the State of Washington, the following described real property, to wit:

One half interest in shorelands of the Second Class conveyed by the State of Washington, fronting and abutting upon Section 29, Township 3 North, Range 8 East, of the Willamette Meridian as recorded April 14, 1906, in Book 1, Page 560, Skanania County Deed Records

and that said JOHN SHARPLES has complied with the laws of the State of Washington necessary to entitle him to a deed for said real property.

NOW, THEREFORE, know ye, that I, Wilma J. Cornwall, County Treasurer of said County of Skanania, State of Washington, in consideration of the premises and by virtue of the statutes of the State of Washington, in such cases provided, do hereby grant and convey unto JOHN SHARPLES, his heirs and assigns, forever, the said real property hereinbefore described.

Clifford J. Kinn: Skanania County Assessor
By: J. V. J. Percl: 8 11 1989
12/1/89

12540

RECORDED

Received
of
\$
for
the
year
1989

Sample
Doc. Ref.