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143292

FILED FOR RECORD
STATE OF WASHINGTON
BY SKAMANIA CO. TITLE

Dec 26 3 37 PH '01
O Lavry
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name BETTY SMITH & R.E. SMITH
Address PO Box 546
City/State CARSON, WA 98610
SCR 24471

Document Title(s): (or transactions contained therein)
1. CERTIFICATE OF DEATH
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. ESSEX, ALICE M.
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
21965
DEC 26 2001
PAID Exempt
Deputy
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. SMITH, R.E.
2. SMITH, BETTY M.
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 ¼ SE ¼ SEC 20 T3N R8E

X ☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s):
03-08-20-4-4-0300-00
3-8-20-4-4-300
12-26-01

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

LOCAL FILE NUMBER 1-890

CERTIFICATE OF DEATH

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STATE FILE NUMBER

1. NAME	First: Alice	Middle: May	Last: ESSEX	2. SEX (M / F): Female	3. DEATH DATE (Mo. Day. Yr.): June 1, 1997			
4. AGE LAST BIRTHDAY (Yrs.): 84	5. UNDER 1 YEAR: MOS. DAYS	6. UNDER 1 DAY: HOURS MINS.	7. BIRTHDATE (Mo. Day. Yr.): 10-24-12	8. BIRTHPLACE (City, State or Foreign Country): Park Rapids, MN	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10. COUNTY OF DEATH: Clark		
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver	12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN AMBULANCE 3 ☐ EMERG. ROOM/ER 4 ☐ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE: S.W.Wash. Medical Center				13. SMOKING BY LAST 15 YEARS? (Yes / No): No			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed	15. SURVIVING SPOUSE (If wife, give maiden name):		16. SOCIAL SECURITY NO: 518-16-7657	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8	College (1-4 or 5+):			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker	19. KIND OF BUSINESS OR INDUSTRY: Own Home	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21. RACE (Specify): White					
22. RESIDENCE—NUMBER AND STREET: 172 Cloverdale Avenue	23. CITY/TOWN, OR LOCATION: Carson	24. INSIDE CITY LIMITS? (Yes / No): No	25A. COUNTY: Skamania	25B. LENGTH OF RES. IN CO: 45yrs.	26. STATE: Wash	27. ZIP CODE: 98610		
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Charley Sampson			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Sabia Hovey					
30. INFORMANT—NAME: Betty Smith - Daughter	31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): P.O. Box 546, Carson, Washington 98610							
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	33. DATE (Mo. Day. Yr.): 6-4-97	34. CEMETERY/CREMATORY—NAME: Willamette Crematory	35. LOCATION—CITY/TOWN, STATE: Tigard, Oregon					
36. FUNERAL DIRECTOR SIGNATURE: X Richard G Smart	37. NAME OF FACILITY: Davies Cremation & Burial Svc.	38. ADDRESS OF FACILITY: Vancouver, WA 98666 PO BOX 116						

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 Sandford Plant MD
40. DATE SIGNED (Mo. Day. Yr.): 6/3/97
41. HOUR OF DEATH (24 Hrs.): 0845
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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
44. DATE SIGNED (Mo. Day. Yr.):
45. HOUR OF DEATH (24 Hrs.):
46. PRONOUNCED DEAD (Mo. Day. Yr.):
47. HOUR PRONOUNCED DEAD (24 Hrs.):
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Sandford Plant MD, 700 NE 87th Ave., Vancouver, WA 98664
49. MEDICAL EXAMINER FILE NUMBER:

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

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	Cerebrovascular accident	INTERVAL BETWEEN ONSET AND DEATH: 3 days
B	DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH:
C	DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH:
D	DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: CNF
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo. Day. Yr.)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED	
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		

61. RECORD AMENDMENT (Registrar use only)
ITEM | SOURCE/Affidavit EVIDENCE | REVIEWED BY | DATE

62. SIGNATURE OF REGISTRAR: Registrar, mad.
63. DATE RECEIVED (Mo. Day. Yr.): JUN 3 1997

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 01-003 (8/96)

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EXHIBIT "A"

A tract of land in the Southeast Quarter of the Southeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the county of Skamania, State of Washington, described as follows:

Beginning at a point 830 feet East and 20 feet South of the Northwest corner of the Southeast Quarter of the Southeast Quarter of said Section 20; thence South 200 feet; thence East 100 feet; thence North 200 feet; thence West 100 feet to the point of beginning.

Gary H. Martin, Skamania County Assessor
Date 12-26-01 Parcel # 3-8-20-4-4-300