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

JUN 14 11 08 AM '02

O Lowry
AUDITOR

J. MICHAEL GARVISON

AFTER RECORDING MAIL TO:

Name Don Gantter

Address 10809 NE 16th

City/State Oklahoma City, OK 73130

SCR 24763

Document Title(s): (or transactions contained therein)
1. Death Certificate
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. Hubbard, Lee Ezra
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
22308
JUN 14 2002
PAID Exempt
Vicki Cleveland, Deputy
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Hubbard, Helene T.
2.
3.
4.
5. ☐ Additional names on page _____ of document

Gary H. Martin, Skamania County Assessor
Date 6/14/02 Parcel # 3-8-20-2-1-406

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
A tract of land in the Northwest Quarter of the Northeast 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: Lot 1 of the Johá Bastrom Short Plat, recorded in Book 2 of Short Plats, Page 140, Skamania County Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-20-2-1-0406-00

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

TYPE OR PRINT IN PERMANENT BLACK INK

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42
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1 NAME	First: Lee	Middle: Ezra	Last: Hubbard	2 SEX (M / F): Male	3 DEATH DATE (Mo, Day, Yr): November 26, 1998			
4 AGE LAST BIRTHDAY (Yrs): 81	5 UNDER 1 YEAR MOS / DAYS	6 UNDER 1 DAY HOURS / MINS	7 BIRTHDATE (Mo, Day, Yr): May 10, 1917	8 BIRTHPLACE (City, State or Foreign Country): Muskegan MI.	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10 COUNTY OF DEATH: Skamania		
11 CITY, TOWN OR LOCATION OF DEATH: Carson	12 PLACE OF DEATH (BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 [X] HOME 2 HOSP 3 E TRANSPORT 4 EMERG RM/OUT PTN 5 DOA 6 NURSING HOME 7 OTHER PLACE: 231 Bastrom Rd					13 SMOKING IN LAST 15 YEARS? (Yes / No): no		
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married	15 SURVIVING SPOUSE (If wife, give maiden name): Helene T. Krammer	16 SOCIAL SECURITY NO: 378-10-8252	17 DECEDENT'S EDUCATION (Specify only Highest grade completed) Elementary/Secondary (0-12): 12	College (1-4 or 5+):				
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Painter	19 KIND OF BUSINESS OR INDUSTRY: Construction	20 Was Decedent of Hispanic origin or descent? (If unknown) (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: 231 Bastrom Rd.	23 CITY/TOWN, OR LOCATION: Carson	24 INSIDE CITY LIMITS? (Yes / No): No	25A COUNTY: Skamania	25B LENGTH OF RES. IN CO: 15	26 STATE: WA	27 ZIP CODE: 98610		
28 FATHER'S NAME—FIRST, MIDDLE, LAST: Thomas H. Hubbard			29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Ermina Bailey					
30 INFORMANT - NAME: Helene T. Hubbard	31 MAILING ADDRESS: STREET OR R'D NO: P.O. Box 88	CITY OR TOWN: Carson	STATE: WA	ZIP: 98610				
32 BURIAL/CREMATION/REMOVAL/OTHER (Specify): Burial	33 DATE (Mo, Day, Yr): Dec 1, 1998	34 CEMETERY/CREMATORY—NAME: Eyman Cemetery	35 LOCATION—CITY/TOWN, STATE: Carson WA					
36 FUNERAL DIRECTOR/SIGNATURE: X R. FitzSimmons	37 NAME OF FACILITY: Gardner Funeral Home, Inc.	38 ADDRESS OF FACILITY: 1270 North Main Street 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 Ray FitzSimmons MD

40 DATE SIGNED (Mo, Day, Yr):

41 HOUR OF DEATH (24 Hrs): 1600

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): Raymond FitzSimmons PO Box 1519 White Salmon, WA 98672

49 ME/CORONER FILE NUMBER:

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

CAUSE OF 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	Amyotrophic Lateral Sclerosis	INTERVAL BETWEEN ONSET AND DEATH: Months
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.

52. AUTOPSY? (Yes / No): No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes

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

61. RECORD AMENDMENT (Registrar use only)

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

REGISTRAR'S SIGNATURE: X

63. DATE RECEIVED (Mo, Day, Yr): 12/1/98

DOH 11-003 (8/97)

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