

145098

BOOK 225 PAGE 792

FILED FOR RECORD
SKAMIA COUNTY WASH
BY *Jeneane Hammill*

RETURN ADDRESS:

Jeneane L. Hammill
401 Hombre Rd.
Washougal WA 98671

JUN 25 11 28 AM '02

P. Leary
RECORDER
J. MICHAEL GARVISON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. *Death Certificate*
2. _____
3. _____
4. _____

GRANTOR(S) (Last name, first, then first name and initials)

1. *Hammill, Phillip T. Sr. deceased*
2. _____
3. _____
4. _____

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. *Hammill, Jeneane L.*
2. _____
3. _____
4. _____

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

Section 28, T2N R5EWM **REAL ESTATE EXCISE TAX**

☒ Complete Legal on Page *2* of Document.

22334
JUN 25 2002

REFERENCE NUMBER(S) Of Document assigned or released:

PAID *W/RECORD*
By [Signature]
SKAMIA COUNTY TREASURER

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

- ☐ Property Tax parcel ID is not yet assigned. *2-5-28-2-111*
- ☐ Additional Parcel Numbers on Page _____ of Document.

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.

OFFICE
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TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

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146

STATE FILE NUMBER

1 NAME First: PHILLIP Middle: THOMAS Last: HAMMILL		2 SEX (M/F) Male	3 DEATH DATE (Mo, Day, Yr) January 25, 1994
4 AGE LAST BIRTHDAY (Yrs) 68	5 UNDER 1 YEAR MO: DATE: HOURS: MINS:	6 BIRTHDATE (Mo, Day, Yr) May 16, 1925	7 BIRTHPLACE (City, State or Foreign Country) Savanna, Illinois
8 CITY, TOWN OR LOCATION OF DEATH Vancouver		9 PLACE OF DEATH (In box for place then give address or institution name) Southwest Washington Medical Center	
10 MARRITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Divorced		11 SURVIVING SPOUSE (If wife, give maiden name)	
12 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Millwright		13 KIND OF BUSINESS OR INDUSTRY Steel Foundry	
14 RESIDENCE - NUMBER AND STREET 1634 N. E. Blair Rd.		15 CITY/TOWN OR LOCATION Camas	
16 FATHER'S NAME - FIRST, MIDDLE, LAST James Augustus Hammill		17 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Margaret Coss	
18 INFORMANT - NAME Pat Hammill - Dau.-in-law		19 MAILING ADDRESS 1634 N. E. Blair Rd., Camas, Washington 98607	
20 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		21 DATE (Mo, Day, Yr) Jan. 29, 1994	
22 FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		23 NAME OF FACILITY Straub's Funeral Home	
24 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		25 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
26 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED		27 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	
28 SIGNATURE AND TITLE <i>[Signature]</i>		29 SIGNATURE AND TITLE <i>[Signature]</i>	
30 DATE SIGNED (Mo., Day, Yr) 1-25-94		31 HOUR OF DEATH (24 Hrs) 1950	
32 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33 PRONOUNCED DEAD (Mo., Day, Yr)	
34 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Brian P. Harwood, M.D. - 700 N. E. 87th Ave., Vancouver, WA 98664		35 ME/CORONER FILE NUMBER	
36 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
37 IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Pneumonia B. Chronic Obstructive Pulmonary Disease C. D.			
38 DO NOT ENTER THE MODE OF DYING, SUCH AS CARING 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. Myocardial Infarct B. Sclerosis			
39 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		40 AUTOPSIED (Yes/No) NO	
41 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		42 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO	
43 INJURY DATE (Mo, Day, Yr)		44 HOUR OF INJURY (24 Hrs)	
45 INJURY AT WORK? (Yes/No)		46 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)	
47 RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		48 REGISTRAR SIGNATURE <i>[Signature]</i>	
49 DATE RECEIVED (Mo., Day, Yr)		50	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DDH 110-008 (Rev. 7/81) (Formerly OS-45 9-150)

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

Gary H. Martin, Skamania County Assessor
Date 6/25/02 Parcel # 2-5-28-2-11

EXHIBIT "A"

PARCEL I

A tract of land in the Northwest Quarter of Section 28, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

Lot 2 of the Kent Short Plat recorded in Book 2 of Short Plats, Page 101, Skamania County Records.

EXCEPT that portion conveyed to Jeremy J. Sobaski by instrument recorded in Book 171, Page 132.

PARCEL II

A tract of land located in the Northwest Quarter of Section 28, Township 2 North, Range 5 East, Willamette Meridian, Skamania County, Washington, being a portion of Lot 1 of the Kent Short Plat as Recorded in Book 2 of Short Plats at Page 58, described as follows:

Beginning at the Southwest corner of said Lot 1; thence North $12^{\circ}21'12''$ West, along the West line of said Lot 1, a distance of 420.18 feet; thence North $72^{\circ}38'24''$ East a distance of 130.50 feet; thence South $12^{\circ}21'12''$ East a distance of 435.39 feet to the South line of said Lot 1; thence South $79^{\circ}19'55''$ West, along the South line of said Lot 1, a distance of 130.06 feet to the point of beginning.

Gary H. Martin, Skamania County Assessor

Date 6/24/2002 Parcel # # 2-5-28-2-111
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