

145651

BOOK 228 PAGE 151

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

AUG 20 12 45 PM '02

Amoser
ALBERT
J. MICHAEL GARVISON

AFTER RECORDING MAIL TO:

Name William Condon

Address 3916 NE 157th Ave.

City/State Vancouver, WA. 98682

SCTC 24994

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

Grantor(s): (Last name first, then first name and initials)

1. Wanda Lee Condon
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. William A. Condon
- 2.
- 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)

A leasehold interest in Northwestern Lake Cabin Site 6A on Government Lot 2, Section 2, Township 3 North, Range 10, E.W.M., including a cabin and 8 x 24 foot attached deck located thereon, and all personal property on the premises, except the following: rug, dinette set, microwave oven, television and stand, two maple end tables, and lamp.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 43-10-02-0-0-0406-80

Gary H. Martin, Skamania County Assessor

07/2/02 *for* *Page 14 - 2 - 406 - 80*

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.

FILED IN RECORD
SKAMANIA CO. WASH
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ALBERT
J. MICHAEL GARVISON



REAL ESTATE EXCISE TAX

22450

AUG 20 2002

PAID *except*
Vickie Clelland, Clerk
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH Health									
CERTIFICATE OF DEATH									
BOOK 6228 PAGE 152									
LOCAL FILE NUMBER									
1 NAME: Wanda Lee CONDON									
2 SEX (M / F): Female									
3 DEATH DATE (Mo. Day, Yr.): January 22, 1997									
4 AGE LAST BIRTHDAY (Yr.): 61									
5 UNDER 1 YEAR: 6 UNDER 1 DAY: 7 BIRTH DATE (Mo. Day, Yr.): July 16, 1935									
8 BIRTH PLACE (City, State or Foreign Country): Ballston, Oregon									
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—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 3916 N.E. 157th Ave.									
13 SMOKING IN LAST 15 YEARS? (Yes / No): yes									
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married									
15 SURVIVING SPOUSE (If wife, give maiden name): William Condon									
16 SOCIAL SECURITY NO.:									
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12)									
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Secretary									
19 KIND OF BUSINESS OR INDUSTRY: Education									
20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No									
21 RACE (Specify): White									
22 RESIDENCE—NUMBER AND STREET: 3916 N.E. 157th Ave.									
23 CITY, TOWN OR LOCATION: Vancouver									
24 INSIDE CITY LIMITS? (Yes / No): yes									
25A COUNTY: Clark									
25B LENGTH OF RES. IN CO.: 7 yrs									
26 STATE: WA									
27 ZIP CODE: 98682									
28 FATHER'S NAME—FIRST MIDDLE LAST: Theron Davis									
29 MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME: Ethel Hickman									
30 INFORMANT—NAME: William Condon									
31 MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: 3916 N.E. 157th Ave., Vancouver, WA 98682									
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial									
33 DATE (Mo. Day, Yr.): 01/24/1997									
34 CEMETERY, CREMATORY, NAME: Willamette National Cemetery									
35 LOCATION—CITY, TOWN, STATE: Portland, Oregon									
36 FUNERAL DIRECTOR SIGNATURE: [Signature]									
37 NAME OF FACILITY: Bateman Carroll Funeral Chapel									
38 ADDRESS OF FACILITY: 520 W. Powell, Gresham, OR 97030									
39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED: [Signature] Mark Seligman M.D.									
40 DATE SIGNED (Mo. Day, Yr.): Jan 22, 1997									
41 HOUR OF DEATH (24 Hrs.): 0300									
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Mark Seligman M.D., 5050 NE Hoyt, Suite 362, Portland, OR 97213									
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]									
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): Mark Seligman M.D., 5050 NE Hoyt, Suite 362, Portland, OR 97213									
49 MEDICORNER FILE NUMBER:									
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:									
IMMEDIATE CAUSE (Final disease or condition resulting in death): metastatic colon cancer									
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.									
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): NO									
54 ACC. SUICIDE, HOMICIDE, 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, 50 PLACE OF INJURY—STREET OR RFD NO., CITY, TOWN, STATE:									
60 RECORD AMENDMENT (Prescriber use only):									
61 RECORD AMENDMENT (Prescriber use only):									
62 DATE RECEIVED (Mo. Day, Yr.): JAN 23 1997									
FOR INSTRUCTIONS SEE BACK AND HANDBOOK									
THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THIS OFFICIAL SEAL.									

LAST WILL AND TESTAMENT
OF
WANDA L. CONDON

KNOW ALL MEN BY THESE PRESENTS, that I, Wanda L. Condon, of Portland, Oregon, being of legal age and of sound and disposing mind and memory and not acting under undue influence, duress or fraud, do hereby make, publish and declare this my last Will and Testament, hereby revoking any and all Wills and Codicils heretofore made by me.

I

I direct that all my just debts and expenses of my last illness and burial be paid by my personal representative, hereinafter named, as soon as may be practicable.

II

I give, devise and bequeath all of the rest, residue and remainder of my estate, both real and personal property, of whatsoever character and nature or wheresoever situated, of which I shall die seized or possessed, unto my husband, WILLIAM ARTHUR CONDON, should he survive me, for his own use forever in fee simple.

III

Should I survive my said husband, then and in that event, I

Wanda L. Condon
Testatrix

1-Last Will and Testament of
Wanda L. Condon

CLIENTS' COPY
FOR YOUR INFORMATION

give, devise and bequeath my residuary estate aforesaid unto my children, CAPEN J. MOSBY and CRAIG W. CONDON, in equal parts, share and share alike; provided, however, that if any of my said children should not survive me, but should leave issue surviving me, such issue shall take the share which my said child or children who did not survive me would have taken had said child or children survived me.

IV

I nominate, constitute and appoint as personal representative of my Will and estate, to serve without any bond or undertaking whatsoever, my husband, WILLIAM ALTHUR CONDON. In the event of the prior death, failure or refusal of my said husband so to act, I nominate and appoint CAPEN J. MOSBY as personal representative of this, my Will, to serve as such without bond.

V

If my husband and I die simultaneously or under such circumstances which render it difficult or impossible to determine who predeceased the other, it is a conclusive presumption that I survived my husband and this Will and its provisions shall be construed upon that assumption and basis.

IN WITNESS WHEREOF, I have hereunto set my hand at Grenham, Oregon, this 10th day of August, 1982.

Wanda L. Condon
Testatrix

The foregoing instrument, consisting of three pages, was

2-Last Will and Testament of
Wanda L. Condon

on this 10th day of August, 1982, in our presence
signed, published and declared to be her last Will by Wanda L.
Condon, who was at that time of sound and disposing mind and
memory and not acting under the fraud, duress or undue
influence of any person whomsoever. In testimony whereof, we
do, at her request, in her presence and in the presence of each
other, subscribe hereto as witnesses.

Residing at 1st Shelby R. Johnson
Tacoma, Wash. Oregon
of Lloyd A. Barry
Residing at Garland, Oregon