

146161

BOOK 230 PAGE 392

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SKAMANIA CO. WA

OCT 10 2 25 PM '02

Lowry

J. MICHAEL LOWRY

AFTER RECORDING MAIL TO:

Name RAYMOND SIMMONS

Address 151 SIMMONS RD.

City/State STEVENSON, WA 98648

SLTC 25184

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. DOROTHY LOUISE SIMMONS
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. RAYMOND SIMMONS
- 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)

Lots 4 and 5, Block 5, ESTABROOK ADDITION TO THE TOWN OF CARSON, according to the recorded plat thereof, recorded in Book "A" of Plats, Page 31, in the County of Skamania, State of Washington.

EXCEPT that portion conveyed to Don R. Fechtner et ux by instrument recorded in Book 63, Page 308, Skamania County Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-1-1-0300-00

WA-1

Gary H. Martin, Skamania County Assessor

Date 10/10/02 3-6-29-1-1-300

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.



First American Title
Insurance Company

(this space for title company use only)

REAL ESTATE EXCISE TAX

22536

OCT 10 2002

PAID *[Signature]*
VICKI J. HARRIS
SKAMANIA COUNTY TREASURER

11304

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

47

LOCAL FILE NUMBER

1. NAME First Middle Last Dorothy Louise SIMMONS		2. SEX (M/F) F	3. DEATH DATE (Mo, Day, Yr) Nov. 24, 2001
4. AGE LAST BIRTHDAY (Yr) 86	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY MOS HOURS MINS	7. BIRTH DATE (Mo, Day, Yr) 3/24/1915
8. BIRTH PLACE (City, State or Foreign Country) Cape Horn, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	
11. CITY, TOWN OR LOCATION OF DEATH Stevenson		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. IN EMERGENCY ROOM 4. IN HOSPITAL 5. IN NURSING HOME 6. OTHER PLACE Rock Creek Assisted Living	
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) Raymond Simmons		16. SOCIAL SECURITY NO. 539-42-1554	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 12 College (13-16) _____		18. USUAL OCCUPATION (Give kind of work done during most or usual life. DO NOT USE RETIRED) Fish Counter	
19. KIND OF BUSINESS OR INDUSTRY U.S. Army Corps of Engineers		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 986 NW Rock Creek Dr.	
23. CITY, TOWN OR LOCATION Stevenson		24. INSIDE CITY LIMITS? (Yes/No) Yes	25. COUNTY Skamania
26. LENGTH OF RES. IN CO. 86 yrs		27. STATE WA	28. ZIP CODE 98648
29. FATHER'S NAME — FIRST, MIDDLE, LAST William E. Miller		30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Abbie Jane Alllyn	
31. INFORMANT — NAME Sandra Heirman		32. MAILING ADDRESS 151 Simmons Rd. Stevenson, WA 98648	
33. BIRTHAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34. DATE (Mo, Day, Yr) 11/30/2001	
35. CEMETERY/CREMATORY — NAME Stevenson Cemetery		36. LOCATION — CITY, TOWN, STATE Stevenson, WA	
37. FUNERAL DIRECTOR SIGNATURE (Signature)		38. NAME OF FACILITY Gardner Funeral Home	
39. ADDRESS OF FACILITY White Salmon, WA 98672		40. ADDRESS OF FACILITY POB 390	
41. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 Ray Fitz Simmons M.D. 42. DATE SIGNED (Mo, Day, Yr) 11/27/01 43. HOUR OF DEATH (24 Hrs.) 1100 44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672			
45. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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 46. DATE SIGNED (Mo, Day, Yr) 47. HOUR OF DEATH (24 Hrs.) 48. PROMOUNCED DEAD (Mo, Day, Yr) 49. HOUR PROMOUNCED DEAD (24 Hrs.) 50. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672			
51. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) A. ARTERIO-SCLEROTIC VASCULAR DISEASE DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE. Sequently for conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events leading to death) LIST. B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF: 52. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERMANENTLY UNDERLYING CAUSE GAVE ABOVE Aortic Stenosis 53. AUTOPSY? (Yes/No) No 54. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes			
55. AGG. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) 56. INJURY DATE (Mo, Day, Yr) 57. HOUR OF INJURY (24 Hrs.) 58. DESCRIBE HOW INJURY OCCURRED: Gary H. Martin, Skamania County Assessor Date 10/10/02 Parcel # 3-8-29-1-1-300 59. INJURY AT WORK? (Yes/No) 60. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) 61. RECORD AMENDMENT (Register case only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE 62. REGISTER SIGNATURE 63. DATE RECEIVED (Mo, Day, Yr) 11/30/2001			