146161

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FILED AND
SKAMANIA CO. WASH

Oct 10 2 25 PM '02

J. MICHAEL [illegible]

AFTER RECORDING MAIL TO:

Name RAYMOND SIMMONS

Address 151 SIMMONS RD.

City/State STEVENSON, WA 98648

SCTC. 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

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. DOROTHY LOUISE SIMMONS
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX

22536

OCT 10 2002

PAID

SKAMANIA COUNTY TREASURER

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

Gary H. Martin, Skamania County Assessor
Date 10/10/02 3-8-29-1-1-300 Parcel # _____

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

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TYPE OR PRINT IN PERMANENT BLACK INK

Local File Number: 47

Health

CERTIFICATE OF DEATH

State File Number: 146

Field	Entry
1. Name (First, Middle, Last)	Dorothy Louise SIMMONS
2. Sex	F
3. Death Date	Nov. 24, 2001
4. Age Last Birthday	86
7. Birthdate	3/24/1915
8. Birthplace	Cape Horn, WA
9. Was Decedent Ever in U.S. Armed Forces?	No
10. County of Death	Skamania
11. City, Town, or Location of Death	Stevenson
12. Place of Death	Rock Creek Assisted Living
13. Smoking in Last 15 Years?	No
14. Marital Status	Married
15. Surviving Spouse	Raymond Simmons
16. Social Security No.	539-42-1554
17. Decedent's Education (Elementary/Secondary)	12
18. Usual Occupation	Fish Counter
19. Kind of Business or Industry	U.S. Army Corps of Engineers
20. Was Decedent of Hispanic Origin or Descent?	No
21. Race	White
22. Residence — Number and Street	986 NW Rock Creek Dr.
23. City/Town, or Location	Stevenson
24. Inside City Limits?	Yes
25a. County	Skamania
25b. Length of Res in Co	86 yrs
26. State	WA
27. Zip Code	98648
28. Father's Name	William E. Miller
29. Mother's Name — First, Middle, Maiden Surname	Abbie Jane Allyn
30. Informant — Name	Sandra Heirman
31. Mailing Address	151 Simmons Rd. Stevenson, WA 98648
32. Burial, Cremation, Removal, Other	Burial
33. Date	11/30/2001
34. Cemetery/Crematory — Name	Stevenson Cemetery
35. Location — City/Town, State	Stevenson, WA
36. Funeral Director Signature	[signature]
37. Name of Facility	Gardner Funeral Home
38. Address of Facility	POB 390 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 Fitz Simmons MD
40. Date Signed: 11/27/01
41. Hour of Death: 1100
42. Name and Title of Attending Physician if Other Than Certifier:

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 DUE TO THE CAUSE(S) STATED.
Signature and Title: X
44. Date Signed:
45. Hour of Death:
46. Pronounced Dead:
47. Hour Pronounced Dead:

48. Name and Address of Certifier: Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672
49. ME/Coroner File Number:

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

	Cause	Interval Between Onset and Death
a. Immediate Cause	ATHROSCLEROTIC VASCULAR DISEASE	Years
b. Due to, or as a consequence of		
c. Due to, or as a consequence of		
d. Due to, or as a consequence of		

51. Other Significant Conditions: Aortic Stenosis
52. Autopsy? No
53. Was Case Referred to Medical Examiner or Coroner? Yes
54. Acc, Suicide, Hom, Undet., or Pending Invest.:
55. Injury Date:
56. Hour of Injury:
57. Describe How Injury Occurred:
58. Injury at Work?
59. Place of Injury:
60. Location:

Gary H. Martin, Skamania County Assessor
Date 10/10/02 Parcel # 3-8-29-1-1-300

61. Record Amendment: Item / Documentary Evidence / Reviewed By / Date
62. Registrar Signature: X
63. Date Received: 11/30/2001

DOH 01-003