146161

BOOK 230 PAGE 392

FILED FOR RECORD AT REQUEST OF SKAMANIA CO. TITLE

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.

First American Title Insurance Company

(this space for title company use only)

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

REAL ESTATE EXCISE TAX

22536

OCT 10 2002

PAID exempt

Vicki Clelland Cole

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 Parcel # 3-8-29-1-1-300

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.*

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 230 PAGE 393

TYPE OR PRINT IN PERMANENT BLACK INK

47
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME — First: Dorothy; Middle: Louise; Last: SIMMONS
2. SEX (M / F): F
3. DEATH DATE (Mo., Day, Yr.): Nov. 24, 2001
4. AGE LAST BIRTHDAY (Yrs): 86
5. UNDER 1 YEAR — MOS / DAYS
6. UNDER 1 DAY — HOURS / MINS
7. BIRTHDATE (Mo., Day, Yr.): 3/24/1915
8. BIRTHPLACE (City, State or Foreign Country): Cape Horn, WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Stevenson
12. PLACE OF DEATH — (CHECK FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN. 4 ☐ HOSP. 5 ☐ 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 (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): 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
25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO.: 86 yrs
26. STATE: WA
27. ZIP CODE: 98648
28. FATHER'S NAME — FIRST, MIDDLE, LAST: William E. Miller
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Abbie Jane Allyn
30. INFORMANT — NAME: Sandra Heirman
31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: 151 Simmons Rd. Stevenson, WA 98648
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo., Day, Yr.): 11/30/2001
34. CEMETERY/CREMATORY — NAME: Stevenson Cemetery
35. LOCATION — CITY, TOWN, STATE: Stevenson, WA
36. FUNERAL DIRECTOR SIGNATURE: X
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 (Mo., Day, Yr.): 11/27/01
41. HOUR OF DEATH (24 Hrs.): 1100
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.)
45. 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, M.D. POB 1519 White Salmon, WA 98672
49. ME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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. ATHROSCLEROTIC VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 1/years
DUE TO, OR AS A CONSEQUENCE OF
B. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF
C. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF
D. — INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Aortic Stenosis
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.)
57. DESCRIBE HOW INJURY OCCURRED
58. INJURY AT WORK? (Yes / No)
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)
60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

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

61. RECORD AMENDMENT (Registrar use only): ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE
62. REGISTRAR'S SIGNATURE: X
63. DATE RECEIVED (Mo., Day, Yr.): 11/30/2001

DOH 01-003 (5/99)

THE SIGNATURE OF THE REGISTRAR WITH COUNTY OF THE PHYSICIAN'S CERTIFICATE OR THE PHYSICIAN'S CERTIFICATE IS A LEGAL DOCUMENT

VERIFIED COPY