

146705

BOOK 232 PAGE 912

FILED
SKAMANIA CO. CLERK
BY SKAMANIA CO. CLERK

NOV 26 11 41 AM '02

Plasny
J. MICHAEL PLASNY

AFTER RECORDING MAIL TO:

Name John Talbot Denne

Address PO Box 254

City/State Carson, WA 98610

SCR 25273

Document Title(s): (or transactions contained therein)

1. Death Certificate
- 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. Denne, William
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Denne, John Talbot
- 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)

NW $\frac{1}{4}$ of S26, T4N, R7E

Gary H. Martin, Skamania County Assessor
Date 11/26/02 Parcel # 4-1-26-2-600

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 04-07-26-2-0-0600-00

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.



REAL ESTATE EXCISE TAX

22647
NOV 26 2002
PAID Exempt
Vicki Clelland
SKAMANIA COUNTY TREASURER

698006

STATE OF WASHINGTON DEPARTMENT OF HEALTH									
BOOK 232 PAGE 93									
WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS									
2-D LOCAL FILE NUMBER 12-D CERTIFICATE OF DEATH STATE FILE NUMBER 12408									
DECEASED — NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1 William		Denne						male	1 May 10 1969
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE — (LAST BIRTHDAY (YEARS), MONTHS, DAYS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
1 White		1 79		no		1 3-4-1890		1 Skamania	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER)							
2 Carson (rural) Hemlock		no		residence - Star Route					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME)			
3 England		4 U.S.A.		11 married		12 Irene			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
13		12 minister		4101					
RESIDENCE — STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14 Washington		15 Skamania		16 Carson		17 no		18 Star Route - Hemlock	
FATHER — NAME		FIRST		MIDDLE		LAST		MOTHER — MARRIED NAME	
19 Albert		Denne						20 Chapman, Nellie	
INFORMANT — NAME		MARRIAGE ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP					
21 Irene Denne		22 Star Route - Carson, Washington		98610					
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
23		(a) Myocardial infarction				1 hr.			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Previous infarctions				5 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
24				25		26			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 14)			
27		28		29		30			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE			
31		32		33		34			
CERTIFICATION — PHYSICIAN		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON	
35		36		37		38		39	
CERTIFICATION — CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		MONTH		DAY		YEAR		THE DECEDENT WAS PRONOUNCED DEAD	
40		41		42		43		44	
CERTIFIER — NAME (TYPE OR PRINT)		SIGNATURE		ADDRESS OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)			
45 Wayne M. Hinkle		46 Wayne M. Hinkle M.D.		47		48 5-12-69			
MAILING ADDRESS — CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE			
49		50		51		52			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN, STATE			
53 burial		54 Carson Community Cemetery		55 Carson, Washington		56			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME — NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		57			
58 May 14 1969		59 Gardner's Funeral Home		60 P. O. Box 276 - White Salmon, Wn. 98672		61			
FUNERAL DIRECTOR — SIGNATURE		REGISTER — SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		62			
63		64		65 May 13, 1969		66			



DCH 01-003 (5-59)

PARCEL II

A tract of land in the Northwest Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Commencing at the intersection of the Northerly line of the Hemlock Road with the Southerly line of the Little Soda Springs Road in said Section 26, the said point being approximately 400 feet South and 30 feet West of the Northeast corner of the East Half of the West Half of the Northeast Quarter of the Northwest Quarter of said Section 26; thence West along the Northerly line of said Hemlock Road a distance of 100 feet; thence Northerly at right angle to the Northerly line of said road a distance of 175 feet, more or less, to the Southerly line of said Little Soda Springs Road; thence Southeasterly along the Southerly line of the Little Soda Springs Road to the point of beginning.