147291

BOOK 235 PAGE 707

FILED FOR RECORD
SKAMANIA CO. TITLE
JAN 17 10 06 AM '03
J. MICHAEL GARVISON

AFTER RECORDING MAIL TO:

Name Carlie Holmes

Address 806 SE 122nd Court

City/State Vancouver, WA 98683

SCR 25316

Document Title(s): (or transactions contained therein)
1. Death Certificate
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. Holmes, Maynard Frederick
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Holmes, Carlie M.
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
22 962
JAN 17 2003
PAID Exempt
Cg deputy
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
A tract of land in the Northwest Quarter of Section 21, Township 3 North, Range 8 East of the Willamette Meridian in the County of Skamania, State of Washington, described as follows:
Lot 3 of the Spencer Garwood Short Plat, recorded in Book 3 of Short Plats, Page 47, Skamania County Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-21-2-0-0703-00

Gary H. Martin, Skamania County Assessor

WA-1 Date 1-17-03 Parcel # 3-8-21-2-703

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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Health

CERTIFICATE OF DEATH

Local File Number: 06 | State File Number: 146

1. Name: Maynard Frederick HOLMES
2. Sex: M
3. Death Date: January 16, 2001
4. Age Last Birthday: 78
7. Birthdate: 4/1/1922
8. Birthplace: Grandview, ND
9. Was decedent ever in U.S. Armed Forces: Yes
10. County of Death: Skamania
11. City, Town or Location of Death: Carson
12. Place of Death: X Home — 12 Callahan Lane
13. Smoking in last 15 years: No
14. Marital Status: Married
15. Surviving Spouse: Carlie M. Kapp
16. Social Security No.: 501-07-0791
17. Decedent's Education: 12
18. Usual Occupation: Logger
19. Kind of Business or Industry: Timber
20. Was Decedent of Hispanic origin or descent: No
21. Race: White
22. Residence – Number and Street: 12 Callahan Ln
23. City/Town or Location: Carson
24. Inside City Limits: No
25a. County: Skamania
25b. Length of Res in Co: 50yrs
26. State: WA
27. Zip Code: 98610
28. Father's Name: Frederick Holmes
29. Mother's Name: Mae Heath
30. Informant – Name: Carlie Holmes
31. Mailing Address: P.O. Box 846, Carson, WA 98610
32. Burial, Cremation, Removal, Other: Cremation
33. Date: 01/17/01
34. Cemetery or Crematory – Name: Win-quatt Crematory
35. Location: The Dalles, OR
36. Funeral Director Signature: X [signature]
37. Name of Facility: GARDNER FUNERAL HOME, INC
38. Address of Facility: POB 390 White Salmon, WA 98672

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 [signature], M.D.
40. Date Signed: 01-18-01
41. Hour of Death: 2330
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
48. Name and Address of Certifier: Paul Hamada, MD 1784 May Hood River, OR 97031

50. Immediate Cause: a. ADENOCARCINOMA, ASCENDING COLON — Interval between onset and death: 5 MONTHS
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:
52. Autopsy: No
53. Was case referred to Medical Examiner or Coroner: Yes
58. Injury at Work: NO
62. X [signature], md
63. Date Received: 01/19/01