149142

BOOK 244 PAGE 447

Judy Co McIntosh
Date 4 Jun 03
By QLawry

Return Address:
Judy McIntosh
44 Rustic Rd
Appleton, WA 98602-

REAL ESTATE EXCISE TAX
23693
JUN 18 2003
PAID Exempt
by deputy
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:
Letters Testamentary
Death Certificate

GRANTOR(S) (Last name, first name, middle initial)
Fitzgerald, Juanita - Estate of

[ ] Additional names on page ___ of document.

GRANTEE(S): (Last name, first name, middle initial)
Judy Fitzgerald McIntosh
Linda Fitzgerald Bessey
John D. Fitzgerald, JR

[ ] Additional names on page ___ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter, Quarter)
Tract 48 Government Mineral Springs Summer Homes Tracts Area

[ ] Complete legal on page ___ of document.

REFERENCE NUMBER(S) of Documents assigned or released:
Letters Testamentary #0384 00048 6
Death Certificate File Number 2332

[ ] Additional numbers on page ___ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
96-001049-0
6/18/03

[ ] Property Tax Parcel ID is not yet assigned
[ ] Additional parcel numbers on page ___ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

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FILED
JAN 22 2003
JoAnne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF WASHINGTON FOR CLARK COUNTY

In re the Estate of)
)
JUANITA W FITZGERALD) 03 4 00048 6
AKA W JUANITA FITZGERALD,)
) LETTERS TESTAMENTARY
Deceased)
)

WHEREAS, JUANITA W. FITZGERALD AKA W. JUANITA FITZGERALD died testate on the 31st day of December 2002, and that a Petition for Probate has been filed in our said Superior Court, and

WHEREAS, JOHN D FITZGERALD, JR., AKA JOHN D FITZGERALD, LINDA FITZGERALD BESSEY and JUDY FITZGERALD MCINTOSH are appointed Co-Personal Representatives, and

WHEREAS, JOHN D FITZGERALD, JR , AKA JOHN D FITZGERALD, LINDA FITZGERALD BESSEY and JUDY FITZGERALD MCINTOSH were duly qualified

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said JOHN D FITZGERALD, JR., AKA JOHN D FITZGERALD, LINDA

Gary H. Martin, Skamania County Assessor
Date 1/16/03 Parcel # 96-16-0049

MILES & MILES, P.S.
ATTORNEYS AT LAW
1220 MAIN ST SUITE 455
VANCOUVER WA 98660
360 696-4280 FAX 360 696-9292

FITZGERALD BESSEY and JUDY FITZGERALD MCINTOSH to administer the Estate of JUANITA W FITZGERALD AKA W JUANITA FITZGERALD

Seal of the Superior Court State of Washington Of Clark County

WITNESS my hand and the seal of said court this 22 day of June, 2003

JOANNE McBRIDE
Clerk of said Superior Court

Deputy

STATE OF WASHINGTON)
ss
County of Clark)

CERTIFICATE OF TRANSCRIPT AND RECORDING

I, JoAanne McBride, County Clerk and Clerk of the above-entitled court, do here certify that the foregoing letters testamentary have been by me duly recorded as required by law, and that the above LETTERS TESTAMENTARY is a true and correct copy of the original on file and recorded in this office, AND THAT THE SAME ARE STILL OF FULL FORCE AND EFFECT

IN WITNESS WHEREOF, I have hereunto set my hand and official seal of the above-entitled court this 5th day of June 2003

JOANNE McBRIDE
Clerk of said Superior Court

Deputy

MILES & MILES, P.S.
ATTORNEYS AT LAW
1220 MAIN ST. SUITE 455
VANCOUVER, WA 98660
360.696.4280 FAX 360.696.9292

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2332
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

DECEDENT

1. NAME			2. SEX (M/F)	3. DEATH DATE (Mo, Day, Yr)
First: Willa	Middle: Juanita	Last: Fitzgerald	Female	December 31, 2002

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR: MOS. DAYS	6. UNDER 1 DAY: HOURS MINS.	7. BIRTHDATE (Mo, Da, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	10. COUNTY OF DEATH
86			1/19/1916	Hunnington, WV	No	Clark

11. CITY, TOWN, OR LOCATION OF DEATH	12. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 X HOME 2 ☐ IN TRANSPORT 3 ☐ ER/OP 4 ☐ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE	13. LIVING IN LAST 15 YEARS? (Yes/No)
Vancouver	7219 NE 47th Ave.	No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced, Specify	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
Widowed	-	[redacted]	12

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. [illegible] (Yes/No) If Yes, specify: Cuban, Mexican, Puerto Rican, etc.)	21. RACE (Specify)
Manager	School Cafeteria	No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY, TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes/No)	25A. COUNTY	25B. LENGTH OF RES. IN CO	26. STATE	27. ZIP CODE
7219 NE 47th Ave.	Vancouver	No	Clark	68Yrs	WA	98661

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
William D. Baylous	Anna R. Spears

DISPOSITION

30. INFORMANT — NAME	31. MAILING ADDRESS — STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
John D. Fitzgerald	15707 NE Boutelle Rd.	Battle Ground	WA	98604

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Cremation	1/3/2003	Portland Memorial Crematory	Portland, OR
36. SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY	
	Davies Cremation & Burial Svc.	P.O. Box 51747 Vancouver, WA 98666	

CERTIFIER

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 Cyril A. Dodge MD

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

40. 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

40. DATE SIGNED (Mo, Day, Yr)	41. HOUR OF DEATH (24 Hrs)	44. DATE SIGNED (Mo, Day, Yr)	45. HOUR OF DEATH (24 Hrs)
Jan. 2, 2003	1705		

42. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print)	46. PRONOUNCED DEAD (Mo, Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs)

43. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)	48. ME/CORONER FILE NUMBER
Cyril Dodge MD 700 NE 87th Ave. Vancouver, WA 98664	

CAUSE OF DEATH

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

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY THE CAUSE OR EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cerebral vascular accident	days
DUE TO, OR AS A CONSEQUENCE OF:	b. Hypertension	years
DUE TO, OR AS A CONSEQUENCE OF:	c.	
DUE TO, OR AS A CONSEQUENCE OF:	d.	

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes/No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
Congestive Heart Failure	No	Yes

54. ACC, SUICIDE, HOM, UNDET, OR PEND'G 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 — (e.g. HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify))	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (For use by VSU) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

62. REGISTRAR'S SIGNATURE: X Karen P. Ettengast, MD

63. DATE RECEIVED (Mo, Day, Yr): JAN 02 2003

DOH 421-003 (6/96)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CERTIFICATE OF VITAL STATISTICS. CERTIFIED COPIES MAY BE OBTAINED FROM THE OFFICIAL

1035034
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02/03/2003 09:47a
Klickitat Co.
JUDY MCINTOSH
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