150944

BOOK 253 PAGE 412

RETURN ADDRESS:
MARY Ellen Ostenson
P.O Box 388
Stevenson Wa.
98648

FILED FOR RECORD
SKAMANIA COUNTY WASH
BY Mary Ellen Ostenson
Oct 29 12 06 PM '03
P Lowry
AUDITOR
J. MICHAEL DAVISON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2.
3.
4.

REAL ESTATE EXCISE TAX
23416
OCT 29 2003
PAID exempt
Vicky Collard
SKAMANIA COUNTY TREASURER

GRANTOR(S) (Last name, first, then first name and initials)

1. Woodward Russell A
2.
3.
4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Ostenson Mary F
2. AKA Woodward, Mary Ellen
3.
4.

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

SEE ATTACHED #1 Lot 1 & North 6 ft of lot 2
#2 a tract of land located in Gove. Lot #1
Sec 36, twn 3 N Range 7/12 EWM

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.
☐ Additional Parcel Numbers on Page _____ of Document.

0307 36 13 040000
0375 36 20 1000 02

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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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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TYPE OR PRINT IN PERMANENT BLACK INK

1689
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

OFFICE USE ONLY
1. DISTRICT
2. CORES 471
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
11. ACC LOC
12. QUERIES

1. NAME First: Russell Middle: Allen Last: Woodward		2. SEX (M / F): Male	3. DEATH DATE (Mo, Day, Yr): 09-30-2003
4. AGE LAST BIRTHDAY (Yrs): 74	5. UNDER 1 YEAR: MOS DAYS	6. UNDER 1 DAY: HOURS MINS	7. BIRTHDATE (Mo, Day, Yr): 08-13-1929
8. BIRTHPLACE (City, State or Foreign Country): Pendleton, OR	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): yes	10. COUNTY OF DEATH: Clark	
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☒ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE: Southwest Washington Medical Center		13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): Divorced	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.: [redacted]	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): Power House Operator	19. KIND OF BUSINESS OR INDUSTRY: Electrical Transmission	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: 630 Gropper Road	23. CITY, TOWN, OR LOCATION: Stevenson	24. INSIDE CITY LIMITS? (Yes / No): Yes	25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO.: 34 Yrs	26. STATE: WA	27. ZIP CODE: 98648	
28. FATHER'S NAME — FIRST, MIDDLE, LAST: Ted Woodward		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Naomi Allinger	
30. INFORMANT — NAME: Kittie Woodward	31. MAILING ADDRESS: PO Box 358	STREET OR RFD NO.	CITY OR TOWN: Stevenson
STATE: WA	ZIP: 98648		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	33. DATE (Mo, Day, Yr): 10-02-2003	34. CEMETERY/CREMATORY — NAME: Aloha Crematory	35. LOCATION — CITY/TOWN, STATE: Aloha, Oregon
36. FUNERAL DIRECTOR SIGNATURE: X Richard C. Hammel	37. NAME OF FACILITY: Autumn Funerals & Cremations	38. ADDRESS OF FACILITY: 12639 SW Winterview Drive Tigard, OR 97224-0701	

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 Steven Dong
40. DATE SIGNED (Mo., Day, Yr): 10/1/03
41. HOUR OF DEATH (24 Hrs.): 0935
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.):
46. PRONOUNCED DEAD (Mo., Day, Yr):
47. HOUR PRONOUNCED DEAD (24 Hrs.):
48. ME/CORONER FILE NUMBER:

49. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Steven Dong, MD 400 Mother Joesph Place Vancouver, WA 98664

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. MULTI ORGAN SYSTEM FAILURE		INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO, OR AS A CONSEQUENCE OF: B. CONGESTIVE CARDIOMYOPATHY		INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS.
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 GIVE ABOVE:
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
55. INJURY DATE (Mo, Day, Yr):
56. HOUR OF INJURY (24 Hrs.): DESCRIBE HOW INJURY OCCURRED:
57. INJURY AT WORK? (Yes / No):
58. PLACE OF INJURY — AT HOME, FARM, STREET, OFFICE, FACTORY, SCHOOL, ETC. (Specify): STREET OR RFD NO., CITY/TOWN, STATE:

61. RECORD AMENDMENT (Registrar use only): ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE
62. REGISTRAR'S SIGNATURE: X R. Steingart, MD
63. DATE RECEIVED (Mo., Day, Yr): OCT 01 2003

THIS CERTIFICATE MUST BE REGISTERED WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST BEAR THE REGISTRAR'S SEAL

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PARCEL # 1

ituated in the County of Skamania, State of Washington:

Lot 1, and the North 6 feet of Lot 2, of CHESSER ADDITION according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington; excepting all easements and rights of way for public roads over and across said property; and

SUBJECT to the effect, if any, of the municipal ordinances of the Town of Stevenson, Washington.

Gary H. Martin, Skamania County Assessor
Date 10-29-03 Parcel # 3-7½-36-2-1000 &
3-7-36-1-3-400

PARCEL # 2

A tract of land located in Government Lot No. 1 of Section 36, Township 3 North, Range 7 1/2 E.W.M. described as follows, to-wit:

Beginning at the intersection of the east line of the said Government Lot No. 1 with the northerly right-of-way line of the County Road designated as the "Loop Road"; thence north 312 feet; thence west to the center of Nelson Creek; thence following the center of said Creek southeasterly to intersection with the northerly right-of-way line of the Loop Road; thence easterly following said right-of-way line to the point of beginning.

EXCEPT that portion thereof, if any, lying northerly of the existing Nelson Creek county road.

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