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BOOK 253 PAGE 412

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

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

*Please Print or Type Information.*

**Document Title(s) or transactions contained therein:**
1. Death Certificate
2.
3.
4.

REAL ESTATE EXCISE TAX
2346
OCT 29 2003
PAID exempt
Vicky Collard Dep.
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. FKA 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 Govt. 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.
03073613040000
03753620 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.

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

| | | | |
|---|---|---|---|
| 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 — STREET OR RFD NO: PO Box 358 | 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.

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| A. | Multi Organ System Failure | 4 days |
| DUE TO, OR AS A CONSEQUENCE OF: B. | Congestive Cardiomyopathy | 4 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 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. DESCRIBE HOW INJURY OCCURRED
57. INJURY AT WORK? (Yes / No)
58. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) — STREET OR RFD NO., CITY/TOWN, STATE

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

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES BEAR THE RAISED SEAL.

PARCEL # 1

situated 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.