

150990

BOOK 253 PAGE 651

FILED FOR RECORD
SKAMANIA COUNTY WASH
By Alice Hall

Oct 31 3 14 PM '03

Q. Givry
J. MICHAEL CARVISON

Return Address:

Alice M. Hall
91 Hall Rd
Skamania, WA 98648

Document Title(s) or transactions contained herein:	
Death Certificate	
GRANTOR(S) (Last name, first name, middle initial)	
Hall, Glen Henry	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial)	
Hall, Alice M.	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
NW4 Sect 23 T2N r6EWM	REAL ESTATE EXCISE TAX 73487 OCT 31 2003 PAID <u>exempt</u> <u>Ch. Dettels</u> SKAMANIA COUNTY TREASURER
<input checked="" type="checkbox"/> Complete legal on page 2 of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
02-06-23-2-0-0106-00	Gary H. Martin, Skamania County Assessor Date <u>10/31/03</u> Parcel # <u>2-6-23-2-116</u>
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> 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.	

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health
CERTIFICATE OF DEATH

BOOK 253 PAGE 652

146

STATE FILE NUMBER

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7

HOSPITAL

OCCURRENCE

RESIDENCE

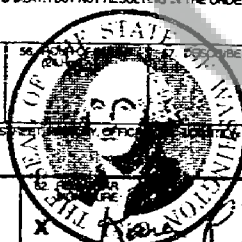
TRACT

OCCUPATION

TYPE OR PRINT IN PERMANENT BLACK INK

1839
LOCAL FILE NUMBER

1. NAME First Middle Last Glen Henry HALL		2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) October 22, 2003
4. AGE LAST BIRTHDAY (Yrs) 64	5. UNDER 1 YEAR MOE DAYS HOURS MINS	6. BIRTH DATE (Mo, Day, Yr) 9/26/1939	7. BIRTH PLACE (City, State or Foreign Country) Dallas Center, IA
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. EMERGENCY ROOM/OUTPATIENT 4. HOSPITAL 5. IN HOME 6. OTHER PLACE S.W. Washington Medical Center	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Alice Marie Corsbie	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Crane Operator		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) 12 College (1-4 or 5-) White	
22. RESIDENCE — NUMBER AND STREET 91 Hall Rd.		23. CITY/TOWN OR LOCATION Skamania	
24. RESIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skamania	
26. LENGTH OF RES. IN CO. (Yrs / Mo) 24 Yrs		27. STATE WA	
28. ZIP CODE 98648		29. FATHER'S NAME — FIRST, MIDDLE, LAST Edward Charles Hall	
30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Frances Alma Kuster		31. MARRIAGE ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 91 Hall Rd. Skamania Washington 98648	
32. BURIAL, CREMATION, REINTERMENT, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 10/26/2003	
34. CEMETERY/CREMATORY — NAME Cascade Cemetery		35. LOCATION — CITY/TOWN, STATE North Bonneville, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>Cal Davis</i>		37. NAME OF FACILITY STRAUB'S FUNERAL HOME	
38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, Washington 98607			
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 <i>Thomas C. Allmon MD</i>			
40. DATE SIGNED (Mo., Day, Yr) 10/23/03			
41. HOUR OF DEATH (24 Hrs.) 1625			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Thomas Allmon, MD 12607 SE Mill Plain Blvd., Vancouver, WA 98684			
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 <i>Thomas C. Allmon MD</i>			
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. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Thomas Allmon, MD 12607 SE Mill Plain Blvd., Vancouver, WA 98684			
49. MEDICORNER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (First disease or condition resulting in death) Metastatic Adenocarcinoma of colon		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE. Hepatic encephalopathy			
52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOME, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)	
56. PLACE OF INJURY — AT HOME, FARM, STREET, HIGHWAY, OFFICE, SCHOOL, ETC. (Specify)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. STREET OR RFD NO., CITY/TOWN, STATE	
60. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		61. DATE RECEIVED (Mo., Day, Yr) OCT 24 2003	



THIS IS A CERTIFIED COPY OF THE RECORDS OF THE DEPARTMENT OF HEALTH. COPIES MUST HAVE THE OFFICIAL SEAL.

EXHIBIT "A" TO STATUTORY WARRANTY DEED LEE-HALL

73 PAGE 420

THE FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN SKAMANIA COUNTY, STATE OF WASHINGTON. TO-WIT:

A TRACT OF LAND LOCATED IN THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 23, TOWNSHIP 2 NORTH, RANGE 6 E.W.M., DESCRIBED AS FOLLOWS.

BEGINNING AT THE SOUTHWEST CORNER OF THE NORTHWEST QUARTER OF SECTION 23 AFORESAID WHICH IS ALSO THE SOUTHWEST CORNER OF TRACT NO. 8 OF COLUMBIA RIVER ESTATES. RECORDED UNDER AUDITOR'S FILE NO. 75656, RECORDS OF SKAMANIA COUNTY, WASHINGTON; THENCE NORTH $00^{\circ} 36' 09''$ EAST 748.59 FEET TO THE NORTHWEST CORNER OF SAID TRACT NO. 8; THENCE SOUTH $88^{\circ} 54' 00''$ EAST 250.86 FEET TO THE CENTERLINE OF ROAD "D" AFORESAID; THENCE ALONG THE CENTERLINE OF SAID ROAD SOUTH $29^{\circ} 19' 14''$ EAST 283.55 FEET TO A 125.46 FOOT RADIUS CURVE TO THE LEFT; THENCE ALONG SAID 125.46 FOOT RADIUS CURVE 65.49 FEET; THENCE SOUTH $00^{\circ} 36' 09''$ WEST PARALLEL TO THE WEST LINE OF SAID NORTHWEST QUARTER OF SECTION 23, A DISTANCE OF 200 FEET TO THE TRUE POINT OF BEGINNING; THENCE SOUTH $79^{\circ} 47' 18''$ EAST 594.26 TO THE INTERSECTION OF ROAD "D" AND ROAD "B" AFORESAID; THENCE SOUTHWESTERLY ALONG THE CENTERLINE OF SAID ROAD "B" TO THE SOUTH LINE OF THE NORTHWEST QUARTER OF SAID SECTION 23; THENCE WEST ALONG THE SAID SOUTH LINE OF THE NORTHWEST QUARTER OF SECTION 23, A DISTANCE OF 451 FEET, MORE OR LESS, TO A POINT WHICH IS SOUTH $00^{\circ} 36' 09''$ WEST FROM THE TRUE POINT OF BEGINNING THENCE NORTH $00^{\circ} 36' 09''$ EAST PARALLEL TO THE WEST LINE OF SAID NORTHWEST QUARTER OF SECTION 23 A DISTANCE OF 259 FEET, MORE OR LESS, TO THE TRUE POINT OF BEGINNING.

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