Doc # 2004151963
Page 1 of 2
Date: 02/11/2004 12:59P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

AFTER RECORDING MAIL TO:

Name Denise F. Baxter

Address 233 Frank Johns Road

City / State Stevenson, WA 98648

SCTC 26559

Document Title(s): (or transactions contained therein)
1. CERTIFICATE OF DEATH
2.
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company
REAL ESTATE EXCISE TAX
23629
FEB 11 2004
PAID Exempt
Vicki Chelland, Deputy
SKAMANIA COUNTY TREASURER
(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. VIOLET F. FISHER
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. DENISE FRANCES BAXTER, AS HER SEPARATE ESTATE
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lot 6 of Block 10 of the THIRD ADDITION TO THE PLATS OF RELOCATED NORTH BONNEVILLE, recorded in Book 'B' of Plats, Page 34 and 35, under Skamania County File No. 85402, in the County of Skamania, State of Washington.

Gary H. Martin, Skamania County

Date 2/11/04 Parcel # 2-7-29-22-0600-00

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-29-2-2-0600-00

WA-1

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.*

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY
DISTRICT D-2
TYPES
HOSPITAL
OCCURRENCE
RESIDENCE
ACT
OCCUPATION

TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 38

STATE FILE NUMBER: 146

DECEDENT

1. NAME — First: Violet; Middle: F.; Last: FISHER
2. SEX (M / F): F
3. DEATH DATE (Mo. Day. Yr): Nov. 1, 2000
4. AGE LAST BIRTHDAY (Yrs): 85
5. UNDER 1 YEAR — MOS / DAYS:
6. UNDER 1 DAY — HOURS / MINS:
7. BIRTHDATE (Mo. Day. Yr): 5/30/1915
8. BIRTHPLACE (City, State or Foreign Country): Colorado Springs CO
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Carson
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 — 622 Metzger Road
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
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): 10; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker
19. KIND OF BUSINESS OR INDUSTRY: Own Home
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: 622 Metzger Road
23. CITY/TOWN, OR LOCATION: Carson
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 58yrs
26. STATE: WA
27. ZIP CODE: 98610

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST: John Coughlin
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Navina Tebo
30. INFORMANT—NAME: Ron Fisher
31. MAILING ADDRESS — STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: 2055 SE 44th Ave #3130 Hillsboro, OR 97123

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo. Day. Yr): 11/6/2000
34. CEMETERY/CREMATORY—NAME: White Salmom Cemetery
35. LOCATION—CITY/TOWN, STATE: White Salmon, WA
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: Gardner Funeral Home
38. ADDRESS OF FACILITY: POB 390 White Salmon, WA 98672

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 [signature] MD
40. DATE SIGNED (Mo. Day. Yr): 11-2-00
41. HOUR OF DEATH (24 Hrs.): 1745
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Anthony Gay, MD 11084 Jone ST. Todd River, OR 97031

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. MEDICAL EXAMINER OR CORONER FILE NUMBER:

CAUSE OF DEATH

49. 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. Metastatic Cancer — INTERVAL BETWEEN ONSET AND DEATH: Months
DUE TO, OR AS A CONSEQUENCE OF:
B. — INTERVAL BETWEEN ONSET AND DEATH:
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:

50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Hypercalcemia
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACCIDENT, HOM., UNDET., PENDING INVEST. (Specify):
55. INJURY DATE (Mo. Day. Yr):
56. HOUR (24 Hrs.):
57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes / No):
59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify):
60. STREET OR RFD NO., CITY/TOWN, STATE:
61. RECORD AMENDMENT (Registrar use only): DOCUMENTARY EVIDENCE / REVIEWED BY / DATE:
62. SIGNATURE OF REGISTRAR: X [signature] MD
63. DATE RECEIVED (Mo. Day. Yr): Nov. 6, 2000

FOR INSTRUCTIONS SEE REVERSE SIDE

DOH (D) 003 (5/89)

SEAL OF THE STATE OF WASHINGTON 1889

DOC # 20041519 63

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