

Return Address:

HELEN E. Raphael
62 Raphael Drive
Washougal WA 98671

Document Title(s) or transactions contained herein: CERTIFICATE OF DEATH 2-27-2001	
Raphael DONALD L. GRANTOR(S) (Last name, first name, middle initial)	
REAL ESTATE EXCISE TAX 23744 MAR 29 2004	
<input type="checkbox"/> Additional names on page _____ of document.	PAID exempt
GRANTEE(S) (Last name, first name, middle initial) Raphael Helen E.	Vicki Chellard, Deputy SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) NW ⁴ NW ⁴ Section 34 T2N R5E	
<input 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 02-05-34-2-0 0403-00	
<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

TYPE OR PRINT IN PERMANENT BLACK INK

09

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Donald Middle: Lawrence Last: RAPHAEL				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) February 17, 2001	
4. AGE LAST BIRTHDAY (Yrs) 63		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS: 63		7. BIRTHDATE (Mo, Day, Yr) 5/8/1937		8. BIRTHPLACE (City, State or Foreign Country) Spokane, WA	
11. CITY, TOWN OR LOCATION OF DEATH Washougal				12. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. ROOM OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 62 Raphael Drive		13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Helen Elaine Ahern		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 1 College (1-4 or 5+): 1	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Machinist		19. KIND OF BUSINESS OR INDUSTRY Machine Shop		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 62 Raphael Drive		23. CITY/TOWN, OR LOCATION Washougal		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania	
26. STATE WA		27. ZIP CODE 98671		28. FATHER'S NAME — FIRST, MIDDLE, LAST Joseph Charles Raphael		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Thelma May Snyder	
30. INFORMANT — NAME Helen Raphael		31. MAILING ADDRESS 62 Raphael Drive Washougal, WA 98671					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 2/21/2001		34. CEMETERY/CREMATORY — NAME Portland Cremation Center		35. LOCATION — CITY/TOWN, STATE Portland, Oregon	
36. FUNERAL DIRECTOR SIGNATURE C. M. Dinius		37. NAME OF FACILITY STRAUB'S FUNERAL HOME		38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, Washington 98607			
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				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 [Signature] , County Coroner			
40. DATE SIGNED (Mo., Day, Yr) February 26, 2001		41. HOUR OF DEATH (24 Hrs.) 0931		44. DATE SIGNED (Mo., Day, Yr) February 17, 2001		45. HOUR OF DEATH (24 Hrs.) 0931	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) BRADLEY W. ANDERSEN, P.O. Box 790, Stevenson, WA 98648				46. PRONOUNCED DEAD (Mo., Day, Yr) February 17, 2001			
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) BRADLEY W. ANDERSEN, P.O. Box 790, Stevenson, WA 98648				49. ME/CORONER FILE NUMBER 2001-160SK			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). ATHEROSCLEROTIC CORONARY ARTERY DISEASE		A. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH Months	
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.		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. 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: Seizure Disorder							
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED: Yes	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, OR INSTITUTION (Specify) At Home		60. STREET OR RFD NO., CITY/TOWN, STATE		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: [Signature] DATE: 2/27/2001		62. REGISTRAR SIGNATURE [Signature]		63. DATE RECEIVED (Mo., Day, Yr) 2/27/2001			

DOC # 2004152393

A parcel of land in the Northwest quarter of the Northwest quarter of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, described as follows:

Beginning at the Southeast corner of said Northwest quarter of the Northwest quarter of Section 34; thence North $0^{\circ}40'49''$ West along the East line of Said Northwest quarter of the Northwest quarter of Section 34, 516.10 feet; thence South $77^{\circ}12'20''$ West along the North edge of a 60 foot wide driveway 304.12 feet to the true point of beginning; thence North $0^{\circ}04'04''$ West 122.70 feet; thence North $24^{\circ}44'50''$ West 24.39 feet; thence South $75^{\circ}49'03''$ West 534.02 feet to the East edge of a 30 foot driveway; thence South $08^{\circ}31'03''$ East along the East edge of said 30 foot wide driveway 114.76 feet; thence South $60^{\circ}00'58''$ East 26.17 feet to the North edge of said 60 foot wide driveway; thence North $77^{\circ}12'20''$ East along the North edge of said 60 foot wide driveway to the true point of beginning.

Gary H. Martin, Skamania County Assessor

Date 3/29/04 Parcel # 2-5-34-2-403

G.S.