

AFTER RECORDING MAIL TO:

Name Mrs. Eunice M. Ash
Address *ClO First American Title*
City/State *2103 NE 129th St. #100*
Vancouver, WA 98686

Document Title(s) (for transactions contained therein):

1. Death Certificate *SCR 26839*

385422TM

Reference Number(s) of Documents Assigned or released:

Grantor(s): (Last name first, then first name and middle initial)

1. John William Ash, Jr.
2.

[] Additional information on page of document

REAL ESTATE EXCISE TAX

23916

MAY 27 2004

Grantee(s): (Last name first, then first name and middle initial)

1. Eunice M. Ash
2.

[] Additional information on page of document

PAID *check*
Vickie Clelland
SKAMANIA COUNTY TREASURER

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots 21, 22, and 23, Washougal Riverside Tracts, A/80

Assessor's Property Tax Parcel/Account Number(s):

02-05-32-3-0-1600-00

[] Complete legal description is on page of document

[] I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand the recording, processing requirements may cover up or otherwise obscure some part of the text of the original document.

2-5-32-3-1600
5-27-04

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Note: 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 provided herein.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

REG # 2004153132
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146

STATE FILE NUMBER

1. DISTRICT

2. COPIES
5

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

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21. ACC LOC

22. QUERIES

23.

24.

1. NAME First: John Middle: William Last: Ash Jr.			2. SEX (M/F) M	3. DEATH DATE (Mo, Day, Yr) June 21, 2002				
4. AGE LAST BIRTH-DAY (Yrs) 90	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) 12-2-1911	8. BIRTHPLACE (City, State or Foreign Country) Austell, GA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	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. REMOVAL PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 4811 NE 88th St.			13. SMOKING IN LAST 15 YEARS? (Yes/No) No		
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Eunice M. Berger		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 3		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator		19. KIND OF BUSINESS OR INDUSTRY Concrete Products		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 4811 NE 88th St.		23. CITY/TOWN, OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Clark	25B. LENGTH OF RES. IN CO. 25 yrs	26. STATE WA	27. ZIP CODE 98665
28. FATHER'S NAME — FIRST, MIDDLE, LAST John William Ash, Sr.				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Mabel Long				
30. INFORMANT — NAME Eunice Ash		31. MAILING ADDRESS 4811 NE 88th St.		CITY OR TOWN Vancouver		STATE WA	ZIP 98665	
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 6-25-2002		34. CEMETERY/CREMATORY — NAME Portland Cremation Center		35. LOCATION — CITY/TOWN, STATE Portland, OR		
36. FUNERAL DIRECTOR SIGNATURE X [Signature]		37. NAME OF FACILITY Memorial Gardens Mortuary		38. ADDRESS OF FACILITY 1101 NE 112th Ave. Vancouver, WA 98684				
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]				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 [Signature]				
40. DATE SIGNED (Mo., Day, Yr) 6/21/02		41. HOUR OF DEATH (24 Hrs.) 0220		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gregg Hallas, MD				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) Gregg Hallas, MD, 2312 NE 129th St., Vancouver, WA 98686				49. ME/CORONER FILE NUMBER				
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. CVA DUE TO, OR AS A CONSEQUENCE OF: C		INTERVAL BETWEEN ONSET AND DEATH 1 week				
		B. Atrial Fibrillation DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 75 years				
		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: Hypertension, CHF				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes		
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (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. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE R. Stangart, MD		63. DATE RECEIVED (Mo., Day, Yr) JUN 25 2002				

