

Doc # 2004153246
Page 1 of 3
Date: 06/04/2004 10:30A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

AFTER RECORDING MAIL TO:

Name Henry Lisignoli
Address PO Box 162
City / State Beaver, OR 97108
SCR 26900

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

1. DEath Cert
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Lisignoli, Mary
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Lisignoli, Henry T.
- 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)

S36, T3N, R7E

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-3-4-5800-00

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.



REAL ESTATE EXCISE TAX

23947

JUN 04 2004

PAID EXEMPT

Audrey J. Hines, Deputy
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH

DOC # 2004153246
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STATE OF WASHINGTON DEPARTMENT OF HEALTH VITAL RECORDS

CERTIFICATE OF DEATH

1 28894

LOCAL FILE NUMBER

1192

146

STATE FILE NUMBER

1. NAME—FIRST, MIDDLE, LAST Mary --- LISIGNOLI			2. SEX Female		3. DEATH DATE (Mo., Day, Yr.) 10/25/1991		4. STATE FILE NUMBER 146						
4. AGE LAST BIRTHDAY (Yrs) 92		5. UNDER 1 YEAR MOS. DAYS		6. UNDER 1 DAY HOURS MINS.		7. BIRTHDATE (Mo., Day, Yr.) 8/14/1899		8. BIRTH STATE (If not in USA give country) Italy		9. CITIZEN OF WHAT COUNTRY? U.S.A.		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. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURS. HOME 6. <input type="checkbox"/> OTHER PLACE Rose Vista Nursing Home				13. SMOKING IN LAST 5 YEARS? (Yes/No) No							
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced, Separated Widowed				15. SURVIVING SPOUSE (If wife, give maiden name) None				16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		17. SOCIAL SECURITY NO. 536-24-6327		18. HIGH SCHOOL GRADUATE? (Yes/No) No			
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker				20. KIND OF BUSINESS OR INDUSTRY Own Home				21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No				22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify)) White			
23. RESIDENCE - NUMBER AND STREET 5001 Columbia View Dr.				24. CITY/TOWN OR LOCATION Vancouver				25. INSIDE CITY LIMITS? (Yes/No) Yes		26. COUNTY Clark		27. STATE Washington		28. ZIP CODE 98661	

29. FATHER'S NAME—FIRST, MIDDLE, LAST G. Batta Parodi				30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Maria - Delfino			
31. INFORMANT—NAME Henry Lisignoli				32. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP 3207 NE 45th St. Vancouver, WA 98663			

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34. DATE (Mo., Day, Yr.) 10/30/91		35. CEMETERY/CREMATORY—NAME Stevenson Cemetery		36. LOCATION—CITY/TOWN, STATE Stevenson, WA	
37. FUNERAL DIRECTOR SIGNATURE <i>X R. P. Piniex</i>		38. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		39. ADDRESS OF FACILITY Box 390 White Salmon, WA 98672			

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>X [Signature] M.D.</i>				41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>X [Signature]</i>			
42. DATE SIGNED (Mo., Day, Yr.) Oct. 27, 1991		43. HOUR OF DEATH (24 Hrs.) 0320		44. DATE SIGNED (Mo., Day, Yr.)		45. HOUR OF DEATH (24 Hrs.)	
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				47. PRONOUNCED DEAD (Mo., Day, Yr.)			
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Timothy Ross, M.D. 1950 Fort Vancouver Way Suite A Vancouver, WA 98663							

50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.			INTERVAL BETWEEN ONSET AND DEATH		
(A) Acute pulmonary edema			5 min.		
(B) Atherosclerotic cardiovascular disease			5 yrs.		
(C)					

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yes, No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No	
54. ACC., SUICIDE, HO., 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. REGISTRAR SIGNATURE <i>X Karen Steingart, md</i>						62. DATE RECEIVED (Mo., Day, Yr.) NOV 05 1991	

DOH 110-008 (Rev. 8/89) (Formerly DSHS 9-150)

**RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT**

DOH 01-003 (5/98)

EXHIBIT 'A'

A tract of land in Section 36, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Quarter Corner of the South line of said Section 36; thence East 77.4 feet; thence North 3°30' West and 125 feet to the point of beginning of the tract hereby conveyed; thence from said initial point North 3°30' West 220.6 feet; thence North 74° West 155 feet; thence South 11°19' East to a point which is due West of the initial point of the tract hereby conveyed; thence due East to said initial point or the point of beginning of the tract hereby conveyed, the land hereby conveyed being the northerly 220.6 feet of that tract of land conveyed by J.P. Gillette et al, to Clara McCafferty by deed recorded at Page 399, Book 'K' of Deeds, records of said Skamania County.

Gary H. Martin, Skamania County Assessor

Date 6/4/04 Parcel # 3-7-36-3-4-5800
G.S.