

Doc # 2004153250

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Date: 06/04/2004 01:16P

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 Thomas Hamilton

Address Po Box 698 Olds 9-2

City/State RetS:1 WA 98378

SR 26733

**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. Hamilton, Phyllis Jane

2.

3.

4.

5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Hamilton, Thomas D.

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)

A tract of land in the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the Durward & Janet Rogers Short Plat, recorded in Book 2 of Short Plats, Page 40, Skamania County Records.

☐ Complete legal description is on page \_\_\_\_\_ of document

**Assessor's Property Tax Parcel / Account Number(s):** 03-08-17-4-0-1203-00

Gary H. Martin, Skamania County Assessor

Date 6/4/04 Parcel # 3-8-17-4-1203  
6.5.

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.



**First American Title  
Insurance Company**

(this space for title company use only)

**REAL ESTATE EXCISE TAX**

23950

JUN 04 2004

PAID

exempt  
Vickie Chelland

SKAMANIA COUNTY TREASURER

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

DOC # 2004153250

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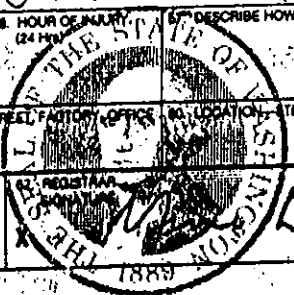
STATE FILE NUMBER

## CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

287  
LOCAL FILE NUMBER

1. NAME First: <u>Phyllis</u> Middle: <u>Jane</u> Last: <u>HAMILTON</u>				2. SEX (M / F) <u>F</u>		3. DEATH DATE (Mo., Day, Yr) <u>March 26, 1999</u>	
4. AGE LAST BIRTHDAY (Yrs) <u>77</u>		5. UNDER 1 YEAR MOS: <u>10</u> DAYS: <u>10</u> HOURS: <u>10</u> MINS: <u>10</u>		7. BIRTHDATE (Mo., Day, Yr) <u>Dec. 4, 1921</u>		8. BIRTHPLACE (City, State or Foreign Country) <u>Oskaloosa, Iowa</u>	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <u>No</u>				10. COUNTY OF DEATH <u>Cowlitz</u>			
11. CITY, TOWN OR LOCATION OF DEATH <u>Longview</u>				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. MAINT. PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <u>St. John Medical Center</u>			
13. SMOKING IN LAST 15 YEARS? (Yes / No) <u>Yes</u>				17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+) <u></u>			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		15. SURVIVING SPOUSE (If wife, give maiden name) <u>Thomas D. Hamilton</u>		16. SOCIAL SECURITY NO. <u>482-18-3076</u>		21. RACE (Specify) <u>White</u>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <u>Dental Technician</u>		19. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <u>No</u>			
22. RESIDENCE—NUMBER AND STREET <u>317 NE 8th Street</u>		23. CITY/TOWN OR LOCATION <u>Long Beach</u>		24. INSIDE CITY LIMITS? (Yes / No) <u>Yes</u>		25. COUNTY <u>Pacific</u>	
26. FATHER'S NAME—FIRST, MIDDLE, LAST <u>George Porter</u>		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <u>Ada Ruth Hedlund</u>		28. LENGTH OF RES. IN CO. <u>16Yrs</u>		29. STATE <u>WA</u>	
30. INFORMANT—NAME <u>Thomas D. Hamilton</u>		31. MAILING ADDRESS <u>P.O. Box 344</u>		32. CITY OR TOWN <u>Long Beach</u>		33. STATE <u>WA</u>	
34. BURNAL, CREMATION REMOVAL, OTHER (Specify) <u>Cremation</u>		35. DATE (Mo., Day, Yr) <u>Mar. 29, 1999</u>		36. CEMETERY/CREMATORY—NAME <u>Hughes-Ransom Crematory</u>		37. LOCATION—CITY/TOWN, STATE <u>Astoria, Oregon</u>	
38. FUNERAL DIRECTOR SIGNATURE <u>James E. Erickson</u>		39. NAME OF FACILITY <u>Penttila's Chapel by the Sea</u>		40. ADDRESS OF FACILITY <u>POB 417, Long Beach, WA 98631</u>			
41. 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 <u>X</u> <u>Gene E. Smith, M.D.</u>				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 <u>X</u> <u>Gene E. Smith, M.D.</u>			
42. DATE SIGNED (Mo., Day, Yr) <u>3/31/99</u>		44. HOUR OF DEATH (24 Hrs.) <u>0345</u>		45. DATE SIGNED (Mo., Day, Yr) <u>3/31/99</u>		46. HOUR OF DEATH (24 Hrs.) <u>0345</u>	
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Gene E. Smith, M.D.</u>		48. HOUR PRONOUNCED DEAD (24 Hrs.) <u>0345</u>		49. PRONOUNCED DEAD (Mo., Day, Yr) <u>3/31/99</u>		50. HOUR PRONOUNCED DEAD (24 Hrs.) <u>0345</u>	
51. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <u>Gene E. Smith, M.D., 334 Triangle Mall Center, Longview, WA 98632</u>		52. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <u>Gene E. Smith, M.D., 334 Triangle Mall Center, Longview, WA 98632</u>		53. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <u>Gene E. Smith, M.D., 334 Triangle Mall Center, Longview, WA 98632</u>		54. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <u>Gene E. Smith, M.D., 334 Triangle Mall Center, Longview, WA 98632</u>	
55. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): <u>Renal Failure</u> 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. <u>arteriosclerotic nephrosclerosis</u> 56. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <u>atherosclerotic heart disease</u>				57. INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> 58. INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> 59. INTERVAL BETWEEN ONSET AND DEATH <u></u> 60. INTERVAL BETWEEN ONSET AND DEATH <u></u>			
61. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) <u></u>		62. INJURY DATE (Mo., Day, Yr) <u></u>		63. HOUR OF INJURY (24 Hrs.) <u></u>		64. DESCRIBE HOW INJURY OCCURRED <u></u>	
65. INJURY AT WORK? (Yes / No) <u></u>		66. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) <u></u>		67. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE <u></u>		68. DATE RECEIVED (Mo., Day, Yr) <u>APR 16 1999</u>	
69. RECORD AMENDMENT (Registrar use only) ITEM: <u></u> DOCUMENTARY EVIDENCE: <u></u> REVIEWED BY: <u></u> DATE: <u></u>		70. REGISTRAR SIGNATURE <u>Michelle, MD, MPH</u>		71. REGISTRAR SIGNATURE <u>Michelle, MD, MPH</u>		72. REGISTRAR SIGNATURE <u>Michelle, MD, MPH</u>	



RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT