Doc # 2004153250
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J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

AFTER RECORDING MAIL TO:

Name Thomas Hamilton	
Address fo Don 698 Olds	<u>9-2</u>
City/State <u>RetSi/</u> wa 98J	78
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Grantor(s): (Last name first, then first name and initials) 1. Hamilton, Phyllis Jane 2. 3. 4. 5. Additional names on page of documente (s): (Last name first, then first name and initials) 1. Hamilton, Thomas D. 2. 3. 4. 5. Additional names on page of documente (s): (Last name first, then first name and initials) 1. Hamilton, Thomas D. 2. 3. 4. 5. Additional names on page of documente (s): (Le. lot A tract of land in the Southeast Quar Range 8 East of the Willamette Meridia of Washington, described as follows: Lot 3 of the Durward & Janet Rogers Sh Plats, Page 40, Skamania County Record	JUN 0 4 2004 PAID LEMANTA COUNTY TREASURER SKAMANIA COUNTY TREASURER Ablock/plat or section/township/range/quarter/quarter) ter of Section 17, Township 3 North, n, in the County of Skamania, State ort Plat, recorded in Book 2 of Short
☐ Complete legal description is on page	
Assessor's Property Tax Parcel / Account Numb WA-1	er(s): 03-08-17-4-0-1203-00 Gary H. Martin, Skamania County Assessor Date 6/4/04 Parcel #3-8-17-4-1203
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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.

Health

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LOCAL FILE NUMBER		CERTIFI	CATE OF DEAT			E NUMBER
NAME Fire!	Mk	ddle	Last	2. SEX (M /F)	3. DEATH DATE (No. March 26.	-
Phyllis	Jan	e	HAMILTON I BIRTHPLACE	9, WAS DECEDE	NT EVER 10. COUN	ITY OF DEATH
AGE LAST BIRTH- 5. UNDER 1 YEAR DAY (Yrs) MOS DAYS	6. UNDER 1 DAY	7. BIRTHOATE (Mo. Day. Yr)	(City, State or Foreign Country)	IN U.S. ARME	NO COWI	itz
77	1	Dec. 4,1921	OS Kaloosa, IOW OX FOR PLACE THEN GIVE ADDRESS OR	INSTITUTION NAME		13. SMOKING IN LAST 15 YEARS? (Yes / No)
1. CITY, TOWN OR LOCATION OF DEATH	• •	I. C) HOME 2 C) IN TRANSP	ORT 1. I EMENG. INVOVITED A 1X2 HOSP.	10 WHITCHE TO STORY	J.CE	1.
Longview		St.	John Medical Ce		ECEDENT'S EDUCATION	<u> Yes</u>
4. MARITAL STATUS—Married, Never Married, Widowed,	15. SURVIVING SPOUSE	(if wife, give malden name)	18. SOCIAL SECON		Specify only highest grad	completed) College (1-4 or 5+)
Oworoed (Specify)		*	482-18-		entary/Secondary (0-12)	(14 0 50)
Married	Thomas_D	Hamilton OF BUSINESS OF INDUSTRY	Loo Was Cacadaol of h	Streenic priolin or descent? (A	noestry) (Specify 21, R	ACE (Specify)
18. USUAL OCCUPATION (Give kind of wor during most of working life, DO NOT US	E RETIRED)		Yes or No. If Yes, t	peolly Cubin, Mexican, Piler lity: NO	Wh ⁻	ite
Dental Technicia		tistry	24. INSIDE CITY 26A. COUNTY	1 268, LENGTH C		27. ZIP CODE
22. RESIDENCE-NUMBER AND STREET	20	CITY/TOWN, OR LOCATION	(Yee / No)	, RES INC		00031
317 NE 8th Stre	et L	ong Beach	Voc Pacific	16Yrs		98631
28. FATHERS NAME FIRST, MIDDLE, LA		PARTY CO	29. MOTHER'S NAME—FIRS		***	
George Porter		Market	Ada Ruth He	CITYORTOWN	STAT	E ZIP
30. INFORMANT-NAME		31. MAILING ADON		Long Bea		98631
Thomas 10. Hamil	ton	P.O. Box	344	36. LOCATION-CI	OII .	
32. BURIAL CREMATION 33. DATE (Mo. Dey, Yr) 34.	CEMETERY/CREW/ORY-NA		Astoria	Oregon_	
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TO THE REST OF MAKHOV	WLED TO GEATH OC	WAED AT THE TIME, DATE AN	D PLACE 43 ON THE BASIS OF EX	MINATION AND/OR INVEST PLACE AND WAS DUE TO T	IGATION, IN MY OPINION HE CAUSE(S) STATED.	DEATH OCCUPAGED AT
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