

Doc # 2005155889
Page 1 of 3
Date: 01/12/2005 12:41P
Filed by: ROBERT SUTTON
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

Return Address:

Robert Sutton
P.O. Box 449
Washougal, WA
98671

Document Title(s) or transactions contained herein:

Death cert. 10/13/04

GRANTOR(S) (Last name, first name, middle initial)

Sutton, Nancy

REAL ESTATE EXCISE TAX

24579

JAN 12 2005

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Sutton, Robert
Weihl, John & Kelly

PAID EXEMPT
C. deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

PART OF The W $\frac{1}{2}$ -SE $\frac{1}{4}$ -SE $\frac{1}{4}$ OF Section 4
TOWNSHIP IN Range 5 E 4 N

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

01050400110000 220
01050400110000 1-12-05
01050400110001

☐ Property Tax Parcel ID is not yet assigned

☐ 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

Gary H. Martin, Skamania County Assessor

Date 1/2/05 Parcel # 01-05-04 00 1100 00
Washington State Certificate of Death

Local File Number 44 D-2

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST				2. Death Date	
Nancy Charlene SUTTON				10-10-2004	
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death
Female	67				Skamania
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education	
12-08-1936	Portland		OR	Some college credit, but no degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No
No			White		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town	
302 Canyon Road				Washougal	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4
Skamania				WA	98671
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
25 yrs		Widowed			
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED).			18. Kind of Business/Industry (Do not use Company Name)		
Accountant			Public Works		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
William Franklin Gooding			Grace C. Hamilton		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.		City or Town State Zip
Robert S. Sutton		son	302 Canyon Road		Washougal WA 98671
24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's home					
25. Facility Name (If not a facility, give number & street or location)			26a. City, Town, or Location of Death		26b. State 27. Zip Code
302 Canyon Road			Washougal		WA 98671
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Burial		Willamette National Cemetery		Portland, OR	
31. Name and Complete Address of Funeral Facility					32. Date of Disposition
Brown's Funeral Home, Inc., 410 NE Garfield St., Camas, WA 98607					10/14/2004
33. Funeral Director Signature X <i>Ben A. Brown</i>					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Liver Failure</u> Interval between Onset & Death <u>3 months</u> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <u>Metastatic breast cancer</u> Interval between Onset & Death <u>8 years</u> c. _____ Interval between Onset & Death _____ d. _____ Interval between Onset & Death _____					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably	
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year			
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: _____ Apt. No. _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				46. Describe how injury occurred	
47. If transportation injury, specify:					
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian					
<input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician: I am the best of my knowledge death occurred at the time, place, and due to the cause(s) stated.				48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, place, and due to the cause(s) and manner stated.	
<i>Gerald Segal MD</i>					
49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner				50. Hour of Death (24hrs)	
<i>Gerald Segal, MD, 265 N. ...</i>				1600	
51. Date Signed (MM/DD/YYYY)				52. Was case referred to ME/Coroner?	
10/13/2004				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
53. Title of Certifier		54. License Number	55. Medical Examiner/Coroner File Number		56. Was case referred to ME/Coroner?
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature					



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The following described real property located in Skamania County, State of Washington, to-wit:

Parcel "A"

A tract of land located in the Northeast quarter of the Southeast quarter of Section 4, Township 1 North, Range 5 East of the Willamette Meridian, described as follows:

Beginning at the Northwest corner of the Northeast quarter of the Southeast quarter of the said Section 4; thence East 520 feet along the North line of the Northeast quarter of the Southeast quarter of the said Section 4; thence South 1,320 feet, more or less, to the South line of the Northeast quarter of the Southeast quarter of said Section 4; thence West 520 feet to the Southwest corner of the Northeast quarter of the Southeast quarter of Section 4; thence North 1,320 feet, more or less, to the point of beginning,

except the North 208 feet of the East 418 feet thereof.

Parcel "B"

The North 208 feet of the East 418 feet of the following:

A tract of land located in the Northeast quarter of the Southeast quarter of Section 4; Township 1 North, Range 5 East of the Willamette Meridian, described as follows:

Beginning at the Northwest corner of the Northeast quarter of the Southeast quarter of the said Section 4; thence East 520 feet along the North line of the Northeast quarter of the Southeast quarter of the said Section 4; thence South 1,320 feet, more or less, to the South line of the Northeast quarter of the Southeast quarter of said Section 4; thence West 520 feet to the Southwest corner of the Northeast quarter of the Southeast quarter of said Section 4; thence North 1,320 feet, more or less, to the point of beginning.

Parcel Number: 01 05 04 0 0 1100 00

Parcel Number: 01 05 04 0 0 1100 80