

Doc # 2005155990  
Page 1 of 3  
Date: 01/24/2005 10:16A  
Filed by: LADONNA K BRISSETTE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$21.00

Return Address:

LaDonna K. Brissette  
2442 Bell Center Rd  
Washougal WA 98671

**REAL ESTATE EXCISE TAX**

24606

JAN 24 2005

Document Title(s) or transactions contained herein:

BE Death cert.

PAID

EXEMPT

*J. Michael Garvison*  
SKAMANIA COUNTY TREASURER

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

Bernard G Solinger "Deceased"  
Removing life estate

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

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

JACKSON LaDonna K.  
Now Known as LaDonna K. Brissette

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

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

Lot #11 WARD ACRES

☐ Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

01050640071000  
1-24-05  
*gjm*

☐ Property Tax Parcel ID is not yet assigned

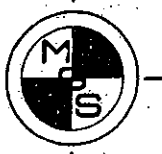
☐ Additional parcel numbers on page \_\_\_\_\_ of document.

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

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Bernard George SOLINGER</b>					2. Death Date <b>01/06/2005</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>84</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Clark</b>		
7. Birthdate <b>07/21/1920</b>		8a. Birthplace (City, Town, or County) <b>Arago</b>		8b. (State or Foreign Country) <b>Minnesota</b>		9. Decedent's Education <b>8th Grade</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>2442 Belle Center Road</b>					13b. City or Town <b>Washougal</b>		
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98671</b>	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk							
14. Estimated length of time at residence. <b>35 years</b>		15. Marital Status at Time of Death <b>widowed</b>		16. Surviving Spouse's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Engineer</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Construction</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Benjamin Solinger</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Alma LeFebvre</b>			
21. Informant's Name <b>LaDonna Jackson</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip <b>2442 Belle Center Road Washougal, WA 98671</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Hospice Facility</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) <b>Ray Hickey Hospice House</b>				26a. City, Town, or Location of Death <b>Vancouver</b>		26b. State <b>WA</b>	27. Zip Code <b>98661</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>		30. Location-City/Town, and State <b>White Salmon, Washington</b>			
31. Name and Complete Address of Funeral Facility <b>Straub's Funeral Home 325 NE 3rd Ave. Camas, Washington 98607</b>						32. Date of Disposition <b>01/08/2005</b>	
33. Funeral Director Signature X <i>C. M. [Signature]</i>							
Cause of Death (See instructions and examples)							
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. <i>Coronary Heart Failure</i>		Due to (or as a consequence of):		Interval between Onset & Death	
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. <i>Coronary Artery Disease</i>		Due to (or as a consequence of):		Interval between Onset & Death	
		c. <i>CVA</i>		Due to (or as a consequence of):		Interval between Onset & Death	
		d.		Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>CVA / COPD / PARKINSON'S</i>				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 <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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: 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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>Darrell Miller MD</i>				48b. Medical Examiner/Coroner - 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) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Darrell Miller, MD 406 SE 131st Ave. Alki Vancouver, WA 98684</b>				50. Hour of Death (24hrs) <b>1215</b>		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (MM/DD/YYYY) <b>01 JAN 05</b>		53. Title of Certifier <i>MD</i>		54. License Number <i>15075 MS</i>		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>					
58. Date Received (MM/DD/YYYY) <b>JAN 07 2005</b>		59. Amendments					

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**MINISTER-GLAESER  
SURVEYING INC.**

(360) 694-3313  
FAX (360) 694-8410  
2200 E. EVERGREEN  
VANCOUVER, WA 98661

March 15, 2003

**EXHIBIT "A"**

**BOUNDARY LINE ADJUSTMENT LOT 11 "WARD ACRES ANNEX":**

A tract of land located in "Ward Acres Annex" (Volume "A" of plats Page 152, records of Skamania County, Washington) in a portion of the Southeast quarter of the Southeast quarter of Section 6, Township 1 North, Range 5 East, Willamette Meridian, Skamania County, Washington, more particularly described as follows:

Beginning at the Southeast corner of said Section 6;

Thence North 90°00'00" West, along the South line of said Section 6 for a distance of 165.31 feet;

Thence North 00°48'23" West, for a distance of 40.00 feet to the Southwest corner of Lot 12 of said "Ward Acres Annex", said point being on the Northerly Right-of-Way line of Bell Center Road, said point also being the TRUE POINT OF BEGINNING;

Thence North 90°00'00" West, along said Bell Center Road Right-of-Way for a distance of 661.35 feet to the Southeast corner of Lot 7 of said "Ward Acres Annex";

Thence North 00°51'29" West, along the East line of said Lot 7 for a distance of 317.76 feet;

Thence North 90°00'00" East, for a distance of 661.64 feet to the West line of said Lot 12;

Thence South 00°48'23" East, along said West line of Lot 12 for a distance of 317.76 feet to the TRUE POINT OF BEGINNING.

Containing 4.825 acres more or less.

Together with and subject to easements, reservations, covenants and restrictions apparent or of record. *GB* Gary H. Martin, Skamania County Assessor

Date 1-24-05 Parcel # 1-5-6-4-710

*CHM*

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