

Doc # 2005156782  
Page 1 of 3  
Date: 03/31/2005 01:58P  
Filed by: DENNIS MOORE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$21.00

Return Address:

Dennis Moore  
261 Deville Drive  
SKAMANIA, WA 98648

Document Title(s) or transactions contained herein:		REAL ESTATE EXCISE TAX
Death Certificate		24798 MAR 3 1 2005 PAID <u>Exempt</u>
GRANTOR(S) (Last name, first name, middle initial)		<u>Vickie Clelland Dept</u> SKAMANIA COUNTY TREASURER
Moore, Dorothy Nelson		
<input type="checkbox"/> Additional names on page _____ of document.		
GRANTEE(S) (Last name, first name, middle initial)		
Moore, Dennis R. Moore, Raymond S. <del>Moore, Dorothy N.</del> <u>DM</u>		
<input type="checkbox"/> Additional names on page _____ of document.		
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)		
NE4 NE4 Section 32 T2N R6E WM		
<input checked="" type="checkbox"/> Complete legal on page <u>2</u> of document.		
REFERENCE NUMBER(S) of Documents assigned or released:		
<input type="checkbox"/> Additional numbers on page _____ of document.		
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER		
02-06-32-0-0-0202-00 <u>G.S. 23105</u>		
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned		
<input type="checkbox"/> 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 HAWAII  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

AKA: DOROTHY LUCILE MOORE

# CERTIFICATE OF DEATH

STATE  
FILE NO. 151

1. DECEASED - FIRST NAME DOROTHY		MIDDLE NAME NELSON		LAST NAME MOORE		2. SEX FEMALE		3. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 21, 2002	
4. RACE CAUCASIAN		5. IS PERSON OF SPANISH ORIGIN? NOT SPANISH IN ORIGIN		6. AGE - LAST BIRTHDAY (MONTH, DAY, YEAR) 86		7. DATE OF BIRTH (MONTH, DAY, YEAR) OCTOBER 30, 1915		7b. COUNTY OF DEATH HONOLULU	
7a. ISLAND OF DEATH OAHU		7b. CITY, TOWN OR LOCATION OF DEATH HONOLULU		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) 4999 KAHALA AVENUE		7d. IF HOSP. OR INST. INDICATE DOA, OPWHEM, PNL, INPATIENT (SPECIFY)			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) SOUTH DAKOTA		9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		11. SURVIVING SPOUSE (IF WFL, GIVE HUSBAND'S NAME) RAYMOND SOWL MOORE		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YEAR, EVEN IF RETIRED) TEACHER		14b. KIND OF BUSINESS OR INDUSTRY PUBLIC SCHOOL		14c. EDUCATION (Specify highest grade completed) COLL 5+ YR			
15a. RESIDENCE-STATE WASHINGTON		15b. COUNTY SKAMANIA		15c. CITY, TOWN OR LOCATION WASHOUGAL		15d. NUMBER, STREET AND ZIP 101 MOORE FALLS ROAD 98671			
16a. FATHER - FIRST NAME NELS		MIDDLE NAME T.		LAST NAME NELSON		17. MOTHER - FIRST NAME MILLIE		MIDDLE NAME AMUNDSON	
18a. INFORMANT - NAME R.S. MOORE		18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) PO BOX 1, CAMAS, WASHINGTON 98607		18c. LOCATION HONOLULU		18d. CITY OR TOWN HAWAII			
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION		19b. CEMETERY OR CREMATORY-NAME MOANALUA MORTUARY		19c. LOCATION HONOLULU		19d. CITY OR TOWN HAWAII			
20a. DATE (MONTH, DAY, YEAR) February 25, 2002		20b. PERMIT NUMBER 1690		20c. FUNERAL HOME-NAME MOANALUA MORTUARY		20d. FUNERAL DIRECTOR-SIGNATURE [Signature]			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (State-Set through 21c where applicable) (Signature and Title) [Signature]		21b. DATE SIGNED (MO., DAY, YR.) FEBRUARY 21, 2002		21c. TIME OF DEATH 1:26 AM		22a. On the basis of examination under investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (State-Set through 22c where applicable) (Signature and Title) [Signature]		22b. DATE SIGNED (MO., DAY, YR.) FEB 22 2002	
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) LINDA H. DIXON M.D. 43 ONEAWA ST., SUITE 213, KAILUA, HI, 96734		24. SIGNATURE [Signature]		25. DATE RECEIVED BY LOCAL REGISTRAR FEB 22 2002		26. DATE FILED BY STATE REGISTRAR FEB 22 2002			
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		27a. CARDIORESPIRATORY ARREST		27b. CEREBROVASCULAR ACCIDENT 3 weeks prior		27c. HYPERTENSION and Atrial Fibrillation			
28. CONDITIONS, IF ANY, WHICH WERE PRESENT TO BRING ABOUT THE UNDERLYING CAUSE LAST		29. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)		30. AUTOPSY (YES OR NO) NO		31. IF YES, WERE PREVIOUS CONSIDERED IN DETERMINING CAUSE OF DEATH?			
32a. ACCIDENT, BUILOID, HOMICIDE, OR UNDETERMINED (SPECIFY)		32b. DATE OF INJURY (MONTH, DAY, YEAR)		32c. TIME OF INJURY		32d. DESCRIBE HOW INJURY OCCURRED			
33. PLACE OF INJURY AT HOME, PARK, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)		34. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		35. PLACE OF INJURY AT HOME, PARK, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)		36. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT

FEB 26 2002

I CERTIFY THIS IS A TRUE COPY OR  
ABSTRACT OF THE RECORD ON FILE IN  
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.  
STATE REGISTRAR

DOC # 2005156782  
Page 2 of 3

138115

BOOK 199 PAGE 123

FILED  
SKA  
BY Dennis Moore

MAY 10 12 33 PM '00

O'Leary

GARY H. MARTIN

**AFTER RECORDING MAIL TO:**

Name Dennis Moore  
Address 101 Moore Falls Road  
City/State Washougal, WA 98671

**Quit Claim Deed**

THE GRANTOR Dennis Moore

for and in consideration of love and affection

conveys and quit claims to Dennis R. Moore, a single person  
or Raymond S. Moore and Dorothy N. Moore as joint  
tenants with rights of survivorship  
the following described real estate, situated in the County of Skamania, State of Washington.  
together with all after acquired title of the grantor(s) therein:



(this space for title company use only)

A tract of land in the NE 1/4 of the NE 1/4 of Section 32, T2N, R6EWM described as follows: Lot 2 of the short plat recorded in Book 2 of Short Plats, page 190, also recorded in Book 3 of Short Plats, page 141, Skamania County Short Plat records. Subject to: 1. Easement for ingress, egress and utilities including the terms and provisions thereof recorded in Book 78, page 151, Skamania County Deed Records. 2. Easement for road and utilities including the terms and provisions thereof recorded April 2, 1979 in Book 76 page 342, Skamania County Deed Records. 3. Private Roadway Agreement including the terms and provisions thereof recorded May 26, 1989 in Book 114, page 230, Skamania County Deed Records. 4. Easements as shown on the recorded short plat recorded in Book 2 page 190 and Book 3 page 141, Skamania County Short Plat Records.

*Recorded  
(Recorded & Death Cert.)*

Gary H. Martin, Skamania County Assessor

Date 3/31/05 Parcel # 2-6-32-202

Assessor's Property Tax Parcel/Account Number(s): 2-6-32-202

Dated May 9, 2000

Dennis R. Moore  
(Individual)

(Individual)

Gary H. Martin, Skamania County Assessor  
Date 5-9-00 Parcel # 2-6-32-202

REAL ESTATE EXCISE TAX

20828

By

MAY 10 2000

By

PAID

SKAMANIA COUNTY TREASURER

LPB-12 (11/96)

DOC # 2005156782  
Page 3 of 3