Doc # 2006162410
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Date: 07/24/2006 03:13P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $33.00

AFTER RECORDING MAIL TO:

Name Helen Esaacson

Address 21705 Dry Creek

City / State Middletown, WA 95461

SCR 28121

Document Title(s): (or transactions contained therein)
1. Death Certificate
2.
3.
4.

First American Title Insurance Company
REAL ESTATE EXCISE TAX
26153
JUL 24 2006
PAID Exempt
SKAMANIA COUNTY TREASURER
(This space for Auditor's use only)

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. Esaacson, Richard Lee
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Esaacson, Helen E.
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 Northwest Quarter of the Northwest Quarter of Section 8, 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 Rawlins Short PLat, recorded in Book 3 of Plats, Page 169, Skamania County Deed Records.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-08-0-0-0220-00
7-24-06

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.*

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT
355 TUOLUMNE ST.
VALLEJO, CALIFORNIA 94590

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/94)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given)	2. MIDDLE	3. LAST (Family)
Richard	Lee	ESAACSON

AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
04/04/1913	92					M

8. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
OR	[redacted]	[X] YES [ ] NO [ ] UNK	Married	12/10/2005	0400

13. EDUCATION — Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back.)	16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)
Bachelor's	[ ] YES [X] NO	White

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
Military Captain	U.S. Government	50

RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)				
18094 North Shore Drive				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
Middletown	Lake	95467	0	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, or P.O. box, or town, state, ZIP)
Barbara Thornton - Daughter	P.O. Box 769, Middletown, CA 95461

PERSONAL INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)	
Helen	Eileen	Swanson	
31. NAME OF FATHER — FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
Samuel	V.	Esaacson	NY
35. NAME OF MOTHER — FIRST	**36. MIDDLE**	**37. LAST (Maiden)**	**38. BIRTH STATE**
Elizabeth		Gault	OR

LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION		43. LICENSE NUMBER
12/13/2005	Tulocay Cemetery, 411 Coombsville Road, Napa, CA 94559		
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**		
CR/BU	Not Embalmed		
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
Tulocay Cemetery and Crematory	FD-1786		12/13/2005 TG

DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Kaiser Hospital	[X] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC	[ ] Decedent's Home [ ] Other
104. COUNTY	**105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)**	**106. CITY**	
Solano	975 Sereno Drive	Vallejo	

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) → Failure To Thrive	(A1) months
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) Thrombotic Cerebrovascular Accident	(B1) months
	(C)	(C1)
	(D)	(D1)

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [ ] NO
REFERRAL NUMBER			

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
Clostridium Difficile Colitis, Dehydration, Bilateral Carotid Stenosis, Atrial Fibrillation

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
No	[ ] YES [ ] NO [ ] UNK

CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
	Homero J. Mui, M.D.	A067711	12/12/2005

Decedent Attended Since (A) mm/dd/ccyy	Decedent Last Seen Alive (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
12/05/2005	12/10/2005	Homero J. Mui M.D. 975 Sereno Drive, Vallejo, CA 94589

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] YES [ ] NO [ ] UNK		

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E	FAX AUTH. #	CENSUS TRACT
						4130	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION, VALLEJO, CALIFORNIA.

000242855

RONALD W. CHAPMAN, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR

DATE ISSUED 12/19/2005

This copy not valid unless prepared on engraved border, displaying the date, seal and signature of Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

RECORDER'S NOTE: NOT AN ORIGINAL DOCUMENT

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