Doc # 2007165088
Page 1 of 3
Date: 02/22/2007 03:14P
Filed by: HOWARD MCFALL
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: $34.00

Return Address:

Howard A McFall
PO Box 66
Carson, WA 98610

Document Title(s) or transactions contained herein:

Death Certificate 02/20/2007
CPA BK75/PG913 1969 Recorded Skamania County

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

Mc Fall, Hazel E.

[ ] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX
26783
FEB 22 2007
PAID exempt
SKAMANIA COUNTY TREASURER

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

Mc Fall, Howard A.

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
A tract of land in the NE Quarter (NE ¼) of Section 17, Township 3 North, Range 8 EWM.,
More particularly described as follows on page 2

[X] 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
03081710060000 10

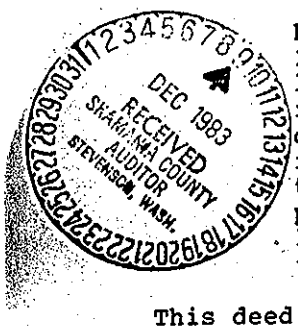
[ ] Property Tax Parcel ID is not yet assigned
[ ] Additional parcel numbers on page _____ of document.

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.

WARRANTY FULFILLMENT DEED

THE GRANTOR, JOSEPHINE A. MEYER, a widow, for and in consideration of value in hand paid, conveys and warrants to HOWARD A. McFALL and HAZEL E. McFALL, husband and wife, the following described real estate situated in the County of Skamania, State of Washington:

A tract of land located in the Northeast Quarter (NE 1/4) of Section 17, Township 3 North, Range 8 E. W. M., more particularly described as follows:



Beginning at a point on the quarter section line 2,497.5 feet east of the southwest corner of the NE 1/4 of the said Section 17; thence north 379.5 feet; thence West 597.5 feet to the initial point of the tract hereby described; thence north 295.5 feet; thence west 481 feet; thence south 15 feet; thence west 69 feet; thence south 280.5 feet to a point 379.5 feet north of the south line of the NE 1/4 of the said Section 17; thence east 550 feet to the initial point.

This deed is given in fulfillment of that certain real estate contract dated the 15th day of April, 1972, between the parties hereto, and is subject to any encumbrances placed or suffered by the grantee.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

3 Local File Number D2 6 — **Washington State Certificate of Death** — State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Hazel	Elizabeth	McFall		Feb. 15, 2007

3. Sex (M/F)	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	82			[redacted]	Skamania

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
Aug. 19, 1924	Alburquerque	New Mexico	High School Graduate

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	White	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
272 Rakestraw Road	Carson

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98610	☐ Yes ☒ No ☐ Unk

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)
	Married	Howard McFall

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)
Homemaker	Own Home

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
George Dodson	Hottie Nesmith

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip
Howard McFall	Husband	272 Rakestraw Rd., Carson, Washington 98610

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
272 Rakestraw Rd.	Carson	WA	98610

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Omega Crematory	Portland, Oregon

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Omega Funeral & Cremation Service 223 SE 122nd Ave., Portland, OR 97233	Feb. 20, 2007

33. Funeral Director Signature X [signature]

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.

			Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Chronic Renal Failure	Due to (or as a consequence of):	years
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.	Due to (or as a consequence of):	Interval between Onset & Death
	c.	Due to (or as a consequence of):	Interval between Onset & Death
	d.		

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
Chronic Obstructive Lung disease	☐ Yes ☒ No	☐ Yes ☐ No

Part 2 completed by Certifier

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☒ No ☐ 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?
			☐ Yes ☐ No ☒ Unk

45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:

Skamania County Assessor
Date 2-22-07 Parcel# 2308171006600 00

46. Describe how injury occurred	47. If transportation injury, specify:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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.

X [signature]

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)	50. Hour of Death (24hrs)
Gary Regalbuto, M.D. 1410 May Street, Hood River, Oregon 97031	1530

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
M.D.	OR [redacted]		☐ Yes ☒ No

57. Registrar Signature X [signature]

58. Date Received (MM/DD/YYYY) 2/20/07

59. Amendments

DOH 01-003 (5/99)

Doc # 2007165088 Page 3 of 3