

Doc # 2007166410
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Date: 06/07/2007 12:24P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$34.00

WHEN RECORDED RETURN TO:

Jorah Sweeney

6412 NE Hazel Dell Ave.

Vancouver, WA 98665

Scr 29610
DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

NELLIE IRENE SWEENEY

☐ Additional names on page _____ of document.

GRANTEE(S):

ROBERT B. SWEENEY

☐ Additional names on page _____ of document.

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

SE 1/4 SEC 20 T3N R8E

☒ Complete legal on page *3* of document.

TAX PARCEL NUMBER(S):

03082014070000

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

REAL ESTATE EXCISE TAX

27066

JUN - 7 2007

PAID

EXEMPT


Audrey Takami Deputy
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **D-2 24**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle Last Suffix Nellie Irene SWEENEY				2. Death Date June 23, 2005	
3. Sex (M/F) Female	4a. Age - Last Birthday 79	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate April 17, 1926		8a. Birthplace (City, Town, or County) Reedsport		8b. (State or Foreign Country) Oregon	
9. Decedent's Education 8th Grade		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			
11. Decedent's Race(s) White				12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 71 cloverdale Ave.				13b. City or Town Carson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98610		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 25 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Robert B. Sweeney	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Tree Sorter				18. Kind of Business/Industry (Do not use Company Name) U.S. Forest Service	
19. Father's Name (First, Middle, Last, Suffix) James Rike				20. Mother's Name Before First Marriage (First, Middle, Last) Nellie Berryhill	
21. Informant's Name Jim Sweeney		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 303 Carson, WA 98610	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home					
25. Facility Name (if not a facility, give number & street or location) 71 Cloverdale Ave.					
26a. City, Town, or Location of Death Carson		26b. State WA		27. Zip Code 98610	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Wind River Memorial Cemetery			
30. Location-City/Town, and State Carson, WA		32. Date of Disposition June 28, 2005			
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672					
33. Funeral Director Signature 					

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. METASTATIC Hepatocellular Cancer	Interval between Onset & Death months
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	Interval between Onset & Death
Due to (or as a consequence of):	Interval between Onset & Death
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		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
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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 checked="" type="checkbox"/> Not pregnant within past year <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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
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45. Location of Injury: Number & Street: 1111		City or Town: Carson		County: Skamania		State: WA		Zip Code + 4: 98610	
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46. Describe how injury occurred fall		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
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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.
Ray FitzSimmons MD

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.
Ray FitzSimmons MD

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Ray FitzSimmons, MD POB 1519 White Salmon, WA 98672		50. Hour of Death (24hrs) 0745
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51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) 6/27/2005
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53. Title of Certifier MD	54. License Number MD 000196	55. Date Received (MM/DD/YYYY) 6/27/05
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57. Registrar Signature 		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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59. Amendments



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EXHIBIT 'A'

A Tract of land in the Northeast Quarter of the Southeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a nail driven in center of road at point 36 and 4/11ths rods West of the Southeast corner of the Northeast Quarter of the Southeast Quarter of the said Section 20; thence North 668 feet; thence West 289 feet; thence South 480 feet to the initial point of the tract hereby described; thence West 121.4 feet; thence South 02 degrees 54' West 208 feet to the nail in center of said road; thence East to point due South of the initial point; thence North to the initial point.

ALSO, beginning at the Southwest Corner of the Northeast Quarter of the Southeast Quarter of the said Section 20; thence North 248 feet; thence East 437.5 feet; more or less, to the West line of that certain tract of land conveyed to Ruben F. Grant and Evelyn Grant, husband and wife, by deed dated December 15, 1948, and recorded at Page 32 of Deeds, Records of Skamania County, Washington; thence South 40 feet; thence West 121.4 feet, thence North 40 feet, thence East 121.4 feet, to the point of beginning.

Skamania County Assessor

Date 6/7/07 Parcel# 03-08-20-1-4-0700-00

Y.M.