

Doc # 2007166878
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Date: 07/16/2007 02:47P
Filed by: OPTON & GALTON
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$25.00

WHEN RECORDED RETURN TO:

Michael L. Gangle

Opton & Galton

621 SW Morrison Street, Suite 1440

Portland, OR 97205

DOCUMENT TITLE(S)

Death Certificate

REAL ESTATE EXCISE TAX

27127

JUL 16 2007

REFERENCE NUMBER(S) of Documents assigned or released:

PAID

Exempt

SKAMANIA COUNTY TREASURER

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Karen Goode Fitzsimons and Edwin C. Fitzsimons

☐ Additional names on page _____ of document.

GRANTEE(S):

Karen G. Fitzsimons, a single woman

☐ Additional names on page _____ of document.

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

Section 34, T2N, Range 5EWM

☒ Complete legal on page 2 of document.

TAX PARCEL NUMBER(S):

02053420150000 2m 7/16/07

☐ 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.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name (include AKA's if any) First Middle LAST Suffix Edwin C. Fitzsimons		2. Death Date 12/30/2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 82	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0
5. Social Security Number [REDACTED]	6. County of Death Clark		
7. Birthdate 9/9/1924	8a. Birthplace (City, Town, or County) Auburn	8b. (State or Foreign Country) New York	9. Decedent's Education Master's Degree (M.S.)
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? Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 15705 SE 34th Circle		13b. City or Town Vancouver	
13c. Residence: County Clark	13d. Tribal Reservation Name (if applicable) -	13e. State or Foreign Country Washington	13f. Zip Code + 4 98683
14. Estimated length of time at residence. 8 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Karen J. Goode	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Teacher		18. Kind of Business/Industry (Do not use Company Name) Elementary Education	
19. Father's Name (First, Middle, Last, Suffix) James Fitzsimons		20. Mother's Name Before First Marriage (First, Middle, Last) Eleanor Henry	
21. Informant's Name Karen Fitzsimons	22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 15705 SE 34th Circle, Vancouver, WA 98683	
24. Place of Death, if Death Occurred in a Hospital: -		24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Hospice House	
25. Facility Name (If not a facility, give number & street or location) Ray Hickey Hospice		26a. City, Town, or Location of Death Vancouver	26b. State WA
27. Zip Code 98661			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Young's Crematory	
30. Location-City/Town, and State Tigard, Oregon		31. Name and Complete Address of Funeral Facility Davies Cremation & Burial Svc. POB 61747 Vancouver, WA 98666	
32. Date of Disposition Jan. 5, 2007		33. Funeral Director Signature <i>[Signature]</i>	
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. lung cancer 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. tobacco use c. d.			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above heart disease, congestive heart failure		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 checked="" 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		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: -		Apt No. -	
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>[Signature]</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. <i>[Signature]</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Teresa Hildebrand MD		50. Hour of Death (24hrs) 1624	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) -		52. Date Signed (MM/DD/YYYY) 1/4/07	
53. Title of Certifier MD		54. License Number 031170	
55. Registrar Signature <i>[Signature]</i>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Date Received (MM/DD/YYYY) JAN 05 2007		58. Amendments -	



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Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JAN 05 2007

Alan Melnick
Health Officer
Clark County Public Health

0000101962

DOC # 200716878
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EXHIBIT A

Abbreviated Legal Description: Section 34, T2N, Range 5EWM

Complete Legal Description:

BEGINNING at a point on the West boundary line of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, where said boundary line intersects with the center of the channel of Washougal River; thence in an Easterly direction following the center of the channel of said Washougal River to a point six hundred (600) feet East of the West boundary line of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, which last mentioned point is the Southeast corner of a tract of land conveyed by the first part herein to William J. Craine under date of April 4, 1940; thence North parallel with the West boundary line of said Section 34, Township 2 North, Range 5 East of the Willamette Meridian, 435 feet, more or less, to a point in the center of a private road running Easterly and Westerly as now staked out, and which said point is 600 feet East of the West boundary line of Section 34, Township 2 North, Range 5 East of the Willamette Meridian; thence in a Northeasterly direction 100 feet along the center of the private road; thence South parallel with the West boundary line of Section 34, Township 2 North, Range 5 East of the Willamette Meridian, 435 feet, more or less, to a point in the center of said Washougal River; and which said point is 700 feet East of the West boundary line of said Section 34, Township 2 North, Range 5 East of the Willamette Meridian; thence Westerly following the center of the channel of said Washougal River 100 feet, more or less, to the point of beginning, all situate in the Southwest quarter of the northwest quarter of Section 34, Township 2 North, Range 5 East of the Willamette Meridian in the County of Skamania, and State of Washington. SAVE AND EXCEPT a strip 45 feet by 230 feet, described as follows:

Starting at the Northeast corner of said lot, and running thence South, 230 feet along the East line of said lot to a point; thence West at a right angle 45 feet to a point; thence North and parallel with the East line of said lot, 230 feet; thence East of the place of beginning.

AND, FURTHER, conveying unto the Grantee herein:

The water right running with the land above described, under agreement recorded in Book 3 of Agreements and Leases, Page 535, records of Skamania County, Washington

SUBJECT TO easements, reservations and restrictions of record.

Assessor's Property Tax Parcel/Account Number: 02053420150000

Skamania County Assessor
Date 7/16/07 Parcel# 2-5-34-2-0-1500
LM