

Doc # 2007167811

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Date: 09/26/2007 01:37P

Filed by: RAY BLAISDELL

Filed & Recorded in Official Records

of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR

J MICHAEL GARVISON

Fee: \$76.00

**WHEN RECORDED RETURN TO:**

Raymond Dale Blaisdell

82 Old Blaisdell Road

Carson, WA 98610

**REAL ESTATE EXCISE TAX**

**DOCUMENT TITLE(S)**

CPA/DC

27268

SEP 26 2007

**REFERENCE NUMBER(S)** of Documents assigned or released:

N/A

PAID

EXEMPT

Audrey Takami Deputy  
SKAMANIA COUNTY TREASURER

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

Joan Lois Blaisdell

and Raymond Dale Blaisdell

☐ Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):**

Raymond Dale Blaisdell

☐ Additional names on page \_\_\_\_\_ of document.

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

Lot 2 Lazelle Coates SLP Bk 3 pg. 278; all that portion of land lying in the SE 1/4 of the SW 1/4 of section 23, Twn 4 North, Range 7 East

☐ Complete legal on page \_\_\_\_\_ of document. of the Willamette Meridian



**TAX PARCEL NUMBER(S):**

04072334200000, 04072334200100,  
03081730060100

☐ 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

Local File Number: <b>D2 42</b>		<b>Washington State Certificate of Death</b>		State File Number:	
1. Legal Name (Include AKA's (any)) First Middle LAST <b>Joan Lois BLAISDELL</b>			2. Death Date <b>Sept. 11, 2007</b>		
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>76</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skamania</b>
7. Birthdate <b>Feb. 1, 1931</b>		8a. Birthplace (City, Town, or County) <b>Vancouver</b>		8b. (State or Foreign Country) <b>Washington</b>	
9. Decedent's Education <b>High School Graduate</b>			10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		
11. Decedent's Race(s) <b>White</b>			12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		
13a. Residence: Number and Street (e.g., 524 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>82 Old Blaisdell Road</b>			13b. City or Town <b>Carson</b>		
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	
13f. Zip Code + 4 <b>98610</b>		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. <b>56 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Raymond Dale Blaisdell</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Joe Askay</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Gertrude Gamelgard</b>		
21. Informant's Name <b>Raymond Blaisdell</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>82 Old Blaisdell Road Carson, WA 98610</b>	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (if not a facility, give number & street or location) <b>82 Old Blaisdell Road</b>			26a. City, Town, or Location of Death <b>Carson</b>		
26b. State <b>WA</b>			27. Zip Code <b>98610</b>		
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>		30. Location-City/Town, and State <b>White Salmon, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home POB 390 White Salmon, WA 98672</b>					
32. Date of Disposition					
33. Funeral Director Signature X 					
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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. HYPERTENSION - BEST SPECULATED</b> Interval between Onset & Death: <b>Weeks</b> <b>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> b. <b>RENAL FAILURE</b> Interval between Onset & Death: <b>Months</b> c. <b>ASCID</b> Interval between Onset & Death: <b>Years</b> d. Interval between Onset & Death: 35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>CA of colon / CHF / Atrial fibrillation</b>					
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			
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <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) <b>Carson</b>	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street <b>82 Old Blaisdell Road</b>			
46. Describe how injury occurred <b>Car accident</b>		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. <b>Chris Samuels</b>					
48b. Medical Examiner/Coroner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <b>Chris Samuels</b>					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Chris Samuels PO Box 58 White Salmon WA 98672</b>		50. Hour of Death (24hrs) <b>0630</b>		51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>James G. Janney, III, MD PO Box 1519 White Salmon WA 98672</b>	
52. Date Signed (mm/dd/yyyy) <b>9/10/07</b>		53. Title of Certifier <b>MD</b>		54. License Number <b>147509</b>	
55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		56. Date Received (mm/dd/yyyy) <b>9/20/07</b>			
57. Registrar Signature 					
58. Amendments					

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Page 1 of 2 pages.

1 IT IS FURTHER AGREED that the whole of the community prop-  
2 erty now owned by us or hereafter acquired by us, including all  
3 property the status of which is changed or created by this agree-  
4 ment, shall at once, in the event of the death of RAYMOND DALE  
5 BLAISDELL, while the said JOAN LOIS BLAISDELL survives, be vested  
6 in JOAN LOIS BLAISDELL, absolutely and in fee simple as her sole  
7 and separate property; and in the event of the death of the said  
8 JOAN LOIS BLAISDELL, while the said RAYMOND DALE BLAISDELL sur-  
9 vives, then the whole of the community property now owned by us  
10 or hereafter acquired by us, including all property of the status  
11 of which is changed or created by this agreement, shall at once  
12 vest in the said RAYMOND DALE BLAISDELL absolutely and in fee  
13 simple as his sole and separate property.

14 IN WITNESS WHEREOF, the parties have executed this agree-  
15 ment this 18 day of July, 1973.

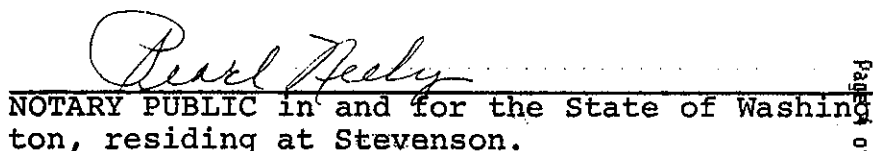
16   
17 RAYMOND DALE BLAISDELL

18   
19 JOAN LOIS BLAISDELL

20 STATE OF WASHINGTON )  
21 ) ss  
22 County of Skamania )

23 I, the undersigned, a Notary Public in and for the State  
24 of Washington, do hereby certify that on this 18<sup>th</sup> day of July,  
25 1973, personally appeared before me RAYMOND DALE BLAISDELL and  
26 JOAN LOIS BLAISDELL, husband and wife, to me known to be the in-  
dividuals described in and who executed the foregoing instrument,  
and acknowledged that they signed the same as their free and vol-  
untary act and deed, for the uses and purposes therein mentioned.

27 GIVEN under my hand and official seal the day and year  
28 last above written.

29   
30 NOTARY PUBLIC in and for the State of Washin-  
31 ton, residing at Stevenson.

32 BLAISDELL  
COMMUNITY PROPERTY AGREEMENT  
Page 2 of 2 pages.



A parcel of land in Skamania County lying in the SW ¼ of section 17, Township 3 North,  
Range 8 East of the Willamette Meridian. More particularly described as  
Lot 2 of the Lazelle Coates Short Plat recorded under Auditor's file number Bk 3 Pg 278.

Skamania County Assessor  
Date 9/26/07 Parcel# 3-8-17-3--601  
OS

Unofficial Copy

the following described real estate, situated in the County of  
Washington:

Skamania

, State of

Beginning at the northeast corner of Lot 10 of BLAISDELL TRACTS according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington; thence east along the north line of said Lot 10 extended a distance of 362 feet; thence south 208 feet to the initial point of the tract herein described; thence south to intersection with the easterly line of the Blaisdell Road; thence southerly along the easterly line of the said Blaisdell Road to intersection with the south line of the Southwest Quarter of the Southeast Quarter (SW $\frac{1}{4}$  SE $\frac{1}{4}$ ) of Section 23, Township 4 North, Range 7 E. W. N.; thence easterly along the said south line to the westerly line of the Wind River Highway; thence northerly along the westerly line of the said highway to a point directly east of the initial point; thence west to the initial point.

Skamania County Assessor

Date 9/26/07 Parcel# 4-2-23-3-4-2001

GS

A tract of land in the Southwest Quarter of the Southeast Quarter (SW $\frac{1}{4}$  SE $\frac{1}{4}$ ) of Section 23, Township 4 North, Range 7 E. W. M., described as follows:

Beginning at the northeast corner of Lot 10 of Blaisdell Tracts according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington, thence east 362 feet, thence south 208 feet to the initial point of the tract hereby described; thence south to intersection with the easterly line of the county road known and designated as Blaisdell Road; thence in a northwesterly direction along the easterly line of said Blaisdell Road to a point due west of the initial point; thence east to the initial point.

GS 9/26/07

04072334200100