

Doc # 2007168608

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Date: 12/28/2007 01:55P

Filed by: SUZANNE TAYLOR-MOORE

Filed & Recorded in Official Records

of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR

J MICHAEL GARVISON

Fee: \$32.00

WHEN RECORDED RETURN TO:

Suzanne Taylor Moore
PO Box 2228
Woodland, Wa 98674-
0021

DOCUMENT TITLE(S)

REAL ESTATE EXCISE TAX

Death Certificate

27405

REFERENCE NUMBER(S) of Documents assigned or released:

DEC 28 2007

PAID

exempt

Vicki Chelland, Deputy

SKAMANIA COUNTY TREASURER

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Richard Gail Taylor

☐ Additional names on page _____ of document.

GRANTEE(S):

Suzanne Taylor Moore

☐ Additional names on page _____ of document.

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

Lot 1, Sec. 11, Tush 1N, Rng 5E

☒ Complete legal on page 3 of document.


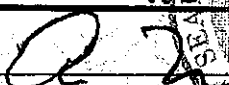
TAX PARCEL NUMBER(S): 01051120.050000
G.S.

to remove life estate

☐ 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				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Richard Gail Taylor				2. Death Date Nov. 23, 2007	
3. Sex (M/F) M	4a. Age - Last Birthday 74	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	
7. Birthdate March 30, 1933		8a. Birthplace (City, Town, or County) Portland	8b. (State or Foreign Country) Oregon	9. Decedent's Education Bachelor of Arts	
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 5th St.) (Include Apt. No.) 515 Washington Street Apt. #10-M				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 98660	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 2 Years		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Engineer				18. Kind of Business/Industry (Do not use Company Name) Electrical	
19. Father's Name (First, Middle, Last, Suffix) J. Glenn Taylor			20. Mother's Name Before First Marriage (First, Middle, Last) Ella Marguerite Hukill		
21. Informant's Name Suzanne Taylor Moore		22. Relationship to Decedent Guardian	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 160 S Pekin Road Woodland, WA 98674		
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) 515 Washington Street Apt. #10-M	
26a. City, Town, or Location of Death Vancouver		26b. State WA	27. Zip Code 98660		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center		30. Location-City/Town, and State Portland, OR	
31. Name and Complete Address of Funeral Facility Evergreen Memorial Gardens Funeral Chapel Vancouver, WA 98684				32. Date of Disposition December 6, 2007	
33. Funeral Director Signature X 					
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myocardial Infarction				Interval between Onset & Death minutes	
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. Coronary Artery Disease				Interval between Onset & Death Years	
c. Due to (or as a consequence of):				Interval between Onset & Death	
d. 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 Aortic stenosis Poor Left Ventricular Function				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"/> 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"/> 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"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 12/14/07		42. Hour of Injury (24hrs) 1318		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 1214/07	
44. Injury at Work? <input type="checkbox"/> Yes <input 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 X A. Angel				48b. Medical Examiner/Coroner - On the basis of examination, autopsy, and investigation, death occurred at the time, date, and place and due to the cause(s) and manner stated X A. Angel	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Aaron Angel 2211 E Mill Plain Blvd Vancouver WA 98601				50. Hour of Death (24hrs) 1318	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 12/14/07	
53. Title of Certifier MD		54. License Number MD 00034630		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature X 	
58. Date Received (mm/dd/yyyy) DEC 06 2007				59. Amendments	

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All of that tract of land bounded on the North by the Old State Road or "Evergreen Highway" on the South by the new (1928), State Road No. 8, or North Bank Highway which is in quotes, running along said highways terminating in an Easterly sharp point and in a Westerly sharp point where the said two highways join each other, in Lot 1, Section 11, Township 1 North, Range 5 East of the Willamette Meridian, Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 12/13/04 Parcel # 1-5-11-2-500
G.S.

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