

AFTER RECORDING MAIL TO:

Name Fred L.Cloe

Address PO Box 68

City/State North Bonneville, WA 98639

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH

2.

3.

4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. CLOE, NANCY MARIE

2.

3.

4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. CLOE, FRED L.

2.

3.

4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

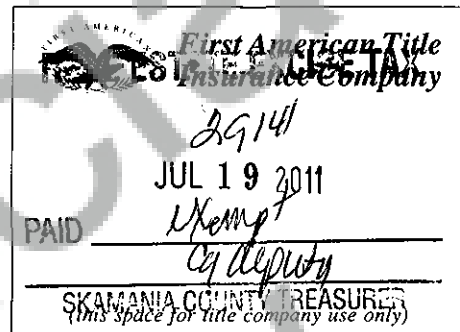
S1 T2N R7E

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-01-2-0-0502-00 *JM*

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK



15

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Nancy Middle: Marie Last: CLOE				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) March 13 1994	
4. AGE LAST BIRTHDAY (Yrs) 45		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		6. UNDER 1 DAY HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) May 25 1948	
8. BIRTHPLACE (City, State or Foreign Country) Taylor AR				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skamania	
11. CITY, TOWN OR LOCATION OF DEATH Stevenson				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. ROOM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE MP 45.33R SR14			
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Divorced		15. SURVIVING SPOUSE (If wife, give maiden name) None		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 11 College (1-4 or 5+):				18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker			
19. KIND OF BUSINESS OR INDUSTRY Own Home				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET MP 45.33R Sr14		23. CITY/TOWN, OR LOCATION Stevenson		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania	
25B. LENGTH OF RES. IN CO. 17 yrs		26. STATE Washington		27. ZIP CODE 98648		28. FATHER'S NAME—FIRST, MIDDLE, LAST James A Williams	
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Sula E Adkins				30. INFORMANT—NAME Deborah Travis			
31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 8322 30th St. W Tacoma WA 98466				32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			
33. DATE (Mo, Day, Yr) March 15 1994		34. CEMETERY/CREMATORY—NAME Wind River Cemetery		35. LOCATION—CITY/TOWN, STATE Carson WA			
36. FUNERAL DIRECTOR OR SIGNATURE X R. Leick		37. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY POB 390 WHITE SALMON WA 98672			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Robert K. Leick, County Coroner				40. DATE SIGNED (Mo., Day, Yr) March 16, 1993			
41. HOUR OF DEATH (24 Hrs.) 2318				42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) March 13, 1994 WA 98648			
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Robert K. Leick, County Coroner				44. DATE SIGNED (Mo., Day, Yr) March 16, 1993			
45. HOUR OF DEATH (24 Hrs.) 2318				46. PRONOUNCED DEAD (Mo., Day, Yr) March 13, 1994			
47. HOUR PRONOUNCED DEAD (24 Hrs.) 2320				48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert K. Leick Coroner Skamania Co. Courthouse Stevenson, WA 98648			
49. ME/CORONER FILE NUMBER 94-008 SK				50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): A. METASTATIC BREAST CANCER DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. DUE TO, OR AS A CONSEQUENCE OF: B. C. D.			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: -----				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) -----		55. INJURY DATE (Mo, Day, Yr) -----		56. HOUR OF INJURY (24 Hrs.) -----		57. DESCRIBE HOW INJURY OCCURRED: -----	
58. INJURY AT WORK? (Yes / No) -----		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, CITY, BLDG, ETC. (Specify) -----		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE -----			
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:				62. REGIS. [Signature]		63. DATE RECEIVED (Mo., Day, Yr.) March 17, 1994	

EXHIBIT 'A'

Beginning at the Northwest corner of Section 1, Township 2 North, Range 7 East, EWM; Thence South $89^{\circ}59'27''$ East along the North line of said Section 965.81 feet; Thence South $00^{\circ}08'13''$ West 213.50 feet to the Northeast Corner of a tract of land surveyed by Dennis L. Wallace and recorded in Book 1, Page 30, Record of Surveys, Skamania County, Washington; Thence South $00^{\circ}08'13''$ West along the East line of said tract 59.99 feet to the true point of beginning; Thence South $00^{\circ}08'13''$ West 144.25 feet to the Southeast Corner of said tract; Thence South $78^{\circ}38'13''$ West along the South line of said Tract 164.13 feet; Thence North $27^{\circ}55'58''$ West 121.60 feet; Thence North $72^{\circ}46'06''$ East 229.18 feet, more or less, to the true point of beginning.

Skamania County Assessor
Date 7-19-11 Parcel# 02-07-01-2-0-0502-00
Jm