

WHEN RECORDED RETURN TO:

Allan D Bliss

241 Foster Rd

Carson, WA 98610

REAL ESTATE EXCISE TAX

30486
JAN 14 2014

PAID exempt
Nickie Chellaney
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

Certificate of Death

REFERENCE NUMBER(S) of Documents assigned or released:
AFN 134927 Book 188 Page 544
Date April 22nd 1999 SKA Co

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Karen Marie Bliss

☐ Additional names on page _____ of document.

GRANTEE(S):

Allan D. Bliss

☐ Additional names on page _____ of document.

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

SE QTR OF THE SW QTR SCC 28
TWN 4 N R 7EWM

☐ Complete legal on page 2 of document.

TAX PARCEL NUMBER(S):

04072630200100 DU

☐ 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.

A tract of land located in the Southeast Quarter of the Southwest Quarter (SE $\frac{1}{4}$ SW $\frac{1}{4}$) of Section 26, Township 4 North, Range 7 E. W. M., described as follows:

Beginning at a point on the south line of the said Section 26 south 89° 11' 15" east 41.18 feet from the center of County Road No. 2140 designated as the Foster Road; thence south 89° 11' 15" east 291.30 feet; thence north 00° 52' 06" east 146 feet; thence north 89° 11' 15" west 300 feet; thence south 76° 16' 23" west 129.16 feet to the northerly right of way line of Foster Road aforesaid; thence along said northerly right of way line southeasterly to the point of beginning; said tract containing one acre, more or less.

Skamania County Assessor

Date 1-14-14 Parcel# 4-7-26-3-2001

(24)

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-000378

DATE ISSUED: 01/13/2014

FEE NUMBER: 0000320695

GIVEN NAMES: KAREN MARIE
LAST NAME: BLISS

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JANUARY 03, 2014
HOUR OF DEATH: 10:35 P.M.
SEX: FEMALE
AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: DECEMBER 28, 1949
BIRTHPLACE: WHITE SALMON, KICKITAT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: ALLAN D BLISS

OCCUPATION: BARTENDER
INDUSTRY: HOSPITALITY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: ALLAN BLISS
RELATIONSHIP: HUSBAND
ADDRESS: 241 FOSTER ROAD CARSON WA 98610

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 241 FOSTER ROAD
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 241 FOSTER ROAD
CITY, STATE, ZIP: CARSON, WASHINGTON 98610
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER: LEONARD LEROY FOSTER
MOTHER: DOROTHY LOUIS WHITE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA
DISPOSITION DATE: JANUARY 09, 2014

FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: P O BOX 390
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

- CAUSE OF DEATH:
- A. MULTIORGAN FAILURE
INTERVAL: 2 WEEKS
 - B. METASTATIC HIGH GRADE UROTHELIAL CANCER
INTERVAL: 5 MONTHS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: RUI LI MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 810 12TH STREET
CITY, STATE, ZIP: HOOD RIVER OR 97031
DATE SIGNED: JANUARY 06, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
RUI LI MD

LOCAL DEPUTY REGISTRAR:
LADONNA BAENLER
DATE RECEIVED: JANUARY 09, 2014