

**WHEN RECORDED RETURN TO:**

Tish Tugaw  
822 Nevada Drive  
Longview, WA 98632

**SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX**

N/A  
MAY 27 2015

N/A  
PAID *Vivian Ottland, Treasurer*  
SKAMANIA COUNTY TREASURER

**DOCUMENT TITLE(S)**

DEATH CERTIFICATE

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

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

**GRANTOR(S):**

LESTER J. TUGAW

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

**GRANTEE(S):**

PATRICIA D. TUGAW

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

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

SEE ATTACHED

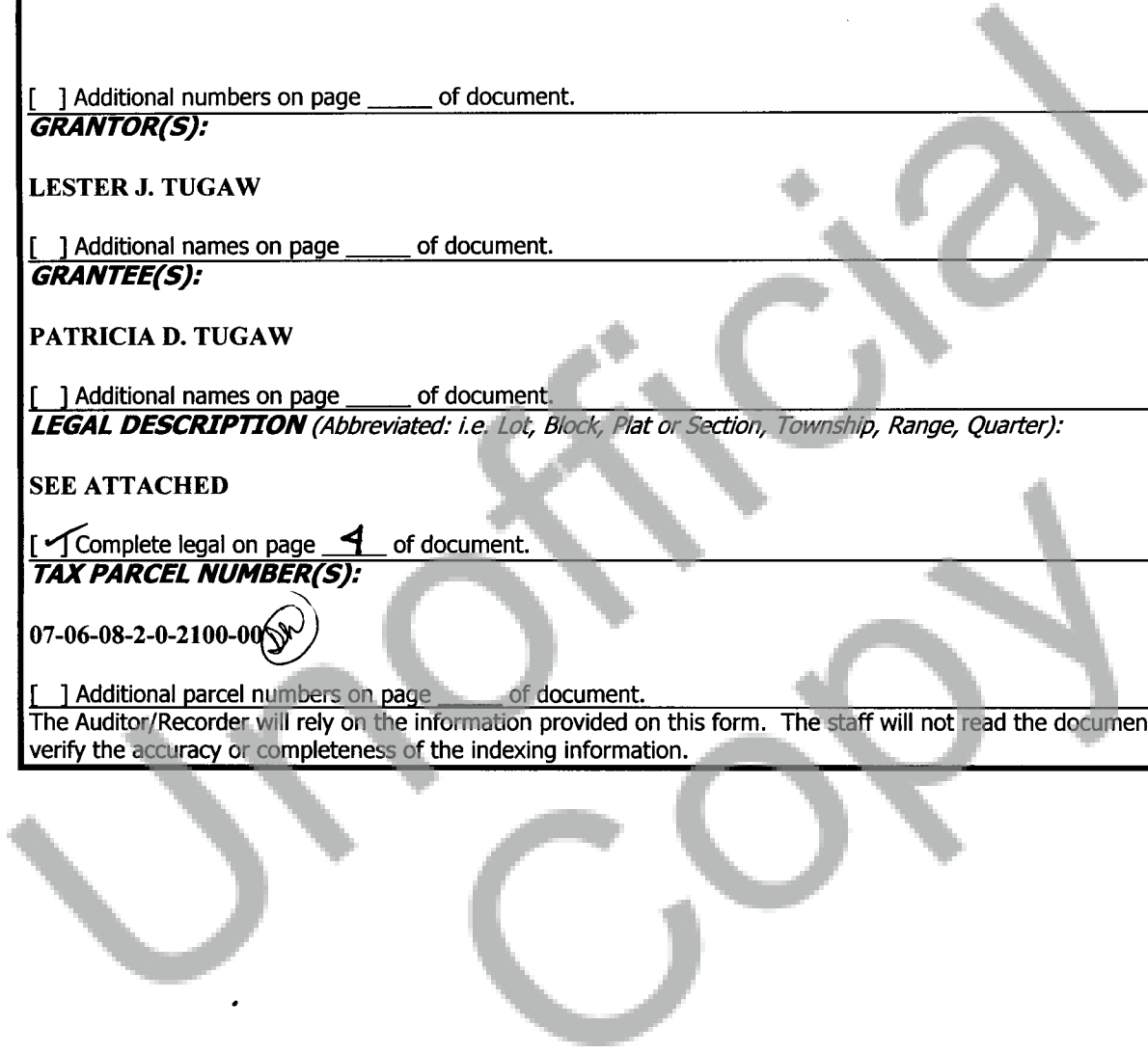
Complete legal on page 4 of document.

**TAX PARCEL NUMBER(S):**

07-06-08-2-0-2100-00 *(initials)*

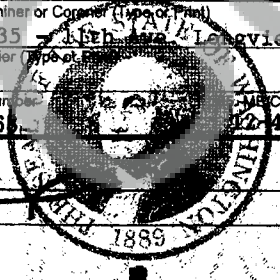
Additional parcel numbers on page \_\_\_\_ of document.

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>604</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST <b>LESTER JOSEPH TUGAW</b>					2. Death Date <b>July 25, 2012</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>70</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Cowlitz</b>		
7. Birthdate <b>Jan. 17, 1942</b>		8a. Birthplace (City, Town, or County) <b>Olympia</b>		8b. (State or Foreign Country) <b>Washington</b>		8. 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>Yes</b>	
13a. Residence: Number and Street (e.g. 624 SE 5 <sup>th</sup> St.) (include Apt. No.) <b>822 Nevada Drive</b>					13b. City or Town <b>Longview</b>		
13c. Residence: County <b>Cowlitz</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98632</b>	
14. Estimated length of time at residence. <b>48 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Patricia Darlene Billington</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Owner/Operator</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Metal Fabrication</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Archie B. Tugaw</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Pauline Thompson</b>			
21. Informant's Name <b>Patricia D. Tugaw</b>		22. Relationship to Decedent <b>Spouse</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>822 Nevada Drive Longview, WA 98632</b>			
24. Place of Death, if Death Occurred in a Hospital: -----				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Hospice Inpatient Room 105</b>			
25. Facility Name (if not a facility, give number & street or location) <b>Hospice Care Center</b>				26a. City, Town, or Location of Death <b>Longview</b>		26b. State <b>WA</b>	
27. Zip Code <b>98632</b>		28. Method of Disposition <b>Cremation</b>		28. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Lower Columbia Crematory</b>		30. Location-City/Town, and State <b>Vancouver, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Columbia Funeral Service 1105 Maple St. Longview, WA 98632</b>						32. Date of Disposition <b>27 July 2012</b>	
33. Funeral Director Signature X <i>Mike Nisbet</i>							
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. <b>Lung carcinoma - Non small cell</b>							Interval between Onset & Death
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>Multiple ischemic CVA</b>							Interval between Onset & Death
c. <b>Pancytopenia</b>							Interval between Onset & Death
d.							Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 type="checkbox"/> No <input checked="" 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)		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 <i>Thurmon, DO</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. X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Kelly G. Thurmon 1035 7<sup>th</sup> Ave Longview, WA 98632</b>				50. Hour of Death (24hrs) <b>1800</b>		52. Date Signed (mm/dd/yyyy) <b>7/26/2012</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Physician M.D. 6008266</b>				54. License Number <b>6008266</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
53. Title of Certifier <b>Physician M.D.</b>				54. License Number <b>6008266</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>						58. Date Received (mm/dd/yyyy) <b>JUL 27 2012</b>	
59. Amendments							



<b>Affidavit for Correction</b>		Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 (360) 236-4300																		
<b>This is a legal Document. Complete in ink and do not alter.</b>																				
<b>STATE OFFICE USE ONLY</b>																				
State File Number	Fee Number	Initials																		
		Date																		
Affidavit Number																				
<b>Use the section below for requesting any changes on the record.</b>																				
Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage																		
		<input type="checkbox"/> 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 Maiden Name (For Birth): (Wife for Marriage or Dissolution)																		
<b>The Record is Incorrect or Incomplete as follows:</b>																				
The Record now shows:	The True fact is:																			
	7.																			
	9.																			
0.	11.																			
2.	13.																			
4. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant		Telephone Number:																		
		<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)																		
<b>declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>																				
5. Signature:	16. Date:	17. Address:																		
<p><small>Final records are registered as received.</small></p> <p><b>lost changes must be established by documentary proof submitted with the affidavit</b></p> <table style="width:100%; font-size: x-small;"> <tr> <td>examples of documentary proof:</td> <td>Certificate of Naturalization</td> <td>Nonident Report (Social Security Administration)</td> <td>School Transcripts (Official)</td> </tr> <tr> <td></td> <td>Hospital /Medical Record</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td></td> <td>Life Insurance Policy</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td></td> <td>Marriage/Divorce Record</td> <td>Passport</td> <td>We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</td> </tr> </table> <p><b>Birth Certificates:</b></p> <p><u>Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</u></p> <p>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.</p> <table style="width:100%; font-size: x-small;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Child (under 18)</b></p> <p>Only parent(s) or legal guardian can change the birth certificate.</p> <p>Custodian must submit certified court order giving them authority to act on behalf of child(ren).</p> <p>Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.</p> <p>Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.</p> <p>To correct birth date, place of birth or parent's information, one documentary proof is required.</p> <p><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)</b></p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Adult (18 years or older)</b></p> <p>Only the adult themselves can change the birth certificate.</p> <p>If the first or middle name is absent, three pieces of documentary proof are required.</p> <p>If the first and/or middle name is misspelled, two pieces of documentary proof are required.</p> <p>To correct birth date, place of birth or parent's information, one documentary proof is required.</p> <p>Proof must be five (or more) years old or have been established within five years of birth.</p> </td> </tr> </table> <p><b>Death Certificates:</b></p> <p>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</p> <p>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</p> <p>If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</p> <p><b>Marriage/Dissolution (Divorce) Certificates:</b></p> <p>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.</p> <p>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</p>			examples of documentary proof:	Certificate of Naturalization	Nonident Report (Social Security Administration)	School Transcripts (Official)		Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)		Life Insurance Policy	Birth Record	Alien Registration Card (front and back)		Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.	<p><b>Child (under 18)</b></p> <p>Only parent(s) or legal guardian can change the birth certificate.</p> <p>Custodian must submit certified court order giving them authority to act on behalf of child(ren).</p> <p>Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.</p> <p>Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.</p> <p>To correct birth date, place of birth or parent's information, one documentary proof is required.</p> <p><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)</b></p>	<p><b>Adult (18 years or older)</b></p> <p>Only the adult themselves can change the birth certificate.</p> <p>If the first or middle name is absent, three pieces of documentary proof are required.</p> <p>If the first and/or middle name is misspelled, two pieces of documentary proof are required.</p> <p>To correct birth date, place of birth or parent's information, one documentary proof is required.</p> <p>Proof must be five (or more) years old or have been established within five years of birth.</p>
examples of documentary proof:	Certificate of Naturalization	Nonident Report (Social Security Administration)	School Transcripts (Official)																	
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)																	
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)																	
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.																	
<p><b>Child (under 18)</b></p> <p>Only parent(s) or legal guardian can change the birth certificate.</p> <p>Custodian must submit certified court order giving them authority to act on behalf of child(ren).</p> <p>Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.</p> <p>Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.</p> <p>To correct birth date, place of birth or parent's information, one documentary proof is required.</p> <p><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)</b></p>	<p><b>Adult (18 years or older)</b></p> <p>Only the adult themselves can change the birth certificate.</p> <p>If the first or middle name is absent, three pieces of documentary proof are required.</p> <p>If the first and/or middle name is misspelled, two pieces of documentary proof are required.</p> <p>To correct birth date, place of birth or parent's information, one documentary proof is required.</p> <p>Proof must be five (or more) years old or have been established within five years of birth.</p>																			

DOH/CHS 023a January 2012

**CERTIFIED**



**Dr. Alan Melnick, MD, MPH**  
Health Officer / Registrar  
Cowlitz County Health Department  
Longview, WA

WW00484572

JUL 30 2012

105297

**Transamerica**  
Title Insurance Services

Transamerica  
Title Insurance Company

BOOK 109 PAGE 782  
FILED FOR RECORD  
SKAMANIA COUNTY  
THIS SPACE PROVIDED FOR RECORDERS USE:  
BY SURA  
JUN 13 9 43 AM '88  
A. N. [Signature]  
AUDITOR  
GARY M. OLSON

FILED FOR RECORD AT REQUEST OF

WHEN RECORDED RETURN TO

Name Lester J. Tugaw  
Address 822 N. Nevada Drive  
City, State, Zip Longview, WA 98632

### Quit Claim Deed

THE GRANTOR, SPIRIT LAKE RELOCATION ASSOCIATION, a Washington non-profit corporation,  
for and in consideration of settlement of condemnation action,  
conveys and quit claims to LESTER J. TUGAW and PATRICIA D. TUGAW,  
the following described real estate, situated in the County of Skamania State of Washington,  
together with all after acquired title of the grantor(s) therein:

Lot 21; of 4-Peaks Subdivision, located in the Northwest Quarter of Section 8, Township 7 North, Range 6 East of the Willamette Meridian, according to the recorded Plat on file with Skamania County Auditor.

SUBJECT TO right of way and easement of record.

Skamania County Assessor  
Date 5-27-85 Parcel# 7-6-8-2-2100

22055  
REAL ESTATE EXCISE TAX  
PAID Excise  
[Signature]  
[Signature]

Dated May 17, 19 88

SPIRIT LAKE RELOCATION ASSOCIATION (S)

(Individual)

By Robert A. Martin  
(President)

(Individual)

By Charles H. Long  
(Secretary)

STATE OF WASHINGTON } ss.  
COUNTY OF \_\_\_\_\_ }

On this day personally appeared before me  
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that \_\_\_\_\_ signed the same as \_\_\_\_\_ free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
In Testimony Whereof  
Notary Public in and for the State of Wash.  
Witness my hand and official seal at \_\_\_\_\_  
Mailed \_\_\_\_\_

STATE OF WASHINGTON } ss.  
COUNTY OF Cowlitz }

On this 17th day of May, 1988, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared

ROBERT A. MARTIN  
and CHARLES H. LONG  
to me known to be the \_\_\_\_\_ President and \_\_\_\_\_ Secretary, respectively, of SPIRIT LAKE RELOCATION ASSOCIATION the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on each stated that each is \_\_\_\_\_ authorized to execute the said instrument, and the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereby, \_\_\_\_\_ year first above written.  
Notary Public in and for the State of Wash.  
residing at \_\_\_\_\_  
My commission expires: 10-21-90

Glenn J. Kinnick, Skamania County Assessor  
By \_\_\_\_\_

# Agreement as to Status of Community Property

## After Death of One of the Spouses

### Know All Men by These Presents:

That this agreement, made and entered into this 12th day of October, 1973,  
 by and between Lester J. Tugaw  
 and patricia D. Tugaw, husband and wife,  
 of Longview, Cowlitz County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Lester J. Tugaw  
 and patricia D. Tugaw have hereunto set their hands  
 and seals this 12th day of October, 1973.

Lester J. Tugaw (SEAL)  
Patricia D. Tugaw (SEAL)

STATE OF WASHINGTON,

County of Cowlitz } SS.

This is to certify that on this 12th day of October, 1973, before me  
Wm. A. presnell a Notary Public in and for the State of Washington  
 duly commissioned and sworn, personally came Lester J. Tugaw  
 and patricia D. Tugaw husband and wife, to me known to be the individuals

of \_\_\_\_\_, Cowlitz County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Lester J. Tugaw  
and patricia D. Tugaw have hereunto set their hands  
and seals this 13<sup>th</sup> day of October 19 73.

Lester J. Tugaw (SEAL)  
Patricia D. Tugaw (SEAL)

STATE OF WASHINGTON,

County of Cowlitz } SS.

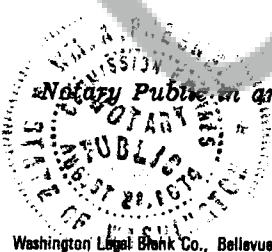
This is to certify that on this 13<sup>th</sup> day of October 19 73, before me  
Wm. A. presnell a Notary Public in and for the State of Washington  
duly commissioned and sworn, personally came Lester J. Tugaw

and patricia D. Tugaw husband and wife, to me known to be the individuals  
described in and who executed the within instrument, and acknowledged to me that they signed  
and sealed the same as their free and voluntary act and deed for the uses and purposes therein  
mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Wm. A. presnell

Notary Public in and for the State of Washington residing at Longview



Filed for Record 10-15 1973 9:02 AM  
Record of Lester J. Tugaw  
Cowlitz County Recorder Secretary, Dep

00028 \$ 4262 513

100010

*Kentley J. Pengam*

VOL 798 P 749  
OCT 15 1973

*Library*

*Library*

*Received by*

*Sgt. N. Nevada*

*Longview*

UNOFFICIAL COPY

