

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 Vince Cretland, 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):

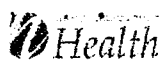
07-06-08-2-0-2100-00 SK

[] 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 LESTER JOSEPH TUGAW				2. Death Date July 25, 2012	
3. Sex (M/F) Male	4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Cowlitz
7. Birthdate Jan. 17, 1942		8a. Birthplace (City, Town, or County) Olympia		8b. (State or Foreign Country) Washington	
9. Decedent's Education High School Graduate					
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 5 th St.) (Include Apt. No.) 822 Nevada Drive				13b. City or Town Longview	
13c. Residence: County Cowlitz		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98632
14. Estimated length of time at residence. 48 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Patricia Darlene Billington	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)				18. Kind of Business/Industry (Do not use Company Name) Metal Fabrication	
19. Father's Name (First, Middle, Last, Suffix) Archie B. Tugaw				20. Mother's Name Before First Marriage (First, Middle, Last) Pauline Thompson	
21. Informant's Name Patricia D. Tugaw		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 822 Nevada Drive Longview, WA 98632	
24. Place of Death, if Death Occurred in a Hospital: Hospice Inpatient Room 105				25. Facility Name (if not a facility, give number & street or location) Hospice Care Center	
26a. City, Town, or Location of Death Longview		26b. State WA		27. Zip Code 98632	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lower Columbia Crematory		30. Location-City/Town, and State Vancouver, WA	
31. Name and Complete Address of Funeral Facility Columbia Funeral Service 1105 Maple St. Longview, WA 98632				32. Date of Disposition 27 July 2012	
33. Funeral Director Signature X Mike Misset					
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. Lung carcinoma - Non small cell Due to (or as a consequence of): b. Multiple ischemic CVA Due to (or as a consequence of): c. Pancytopenia Due to (or as a consequence of): d. 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"/> 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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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 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) Kelly G. Thurmon 1035 14th Ave NE Longview, WA 98632				50. Hour of Death (24hrs) 1800	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Physician M.D. 6008266				52. Date Signed (mm/dd/yyyy) 7/26/2012	
53. Title of Certifier Physician M.D. 6008266				54. License Number 6008266	
55. Coroner File Number 12-485-C				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature a2				58. Date Received (mm/dd/yyyy) JUL 27 2012	
59. Amendments					



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution	2. Date of Event:	3. Place of Event: (City or County)
Name on record:		
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)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
7.	
9.	
11.	
13.	

4. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

5. Signature: 16. Date: 17. Address:

If vital records are registered as received.

lost changes must be established by documentary proof submitted with the affidavit

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.

Birth Certificates:

Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 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.

Child (under 18)

Only parent(s) or legal guardian can change the birth certificate. Guardian must submit certified court order giving them authority to act on behalf of child(ren).

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.

Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.

To correct birth date, place of birth or parent's information, one documentary proof is required.

This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

Adult (18 years or older)

Only the adult themselves can change the birth certificate.

If the first or middle name is absent, three pieces of documentary proof are required.

If the first and/or middle name is misspelled, two pieces of documentary proof are required.

To correct birth date, place of birth or parent's information, one documentary proof is required.

Proof must be five (or more) years old or have been established within five years of birth.

Death Certificates:

Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.

The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

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.

To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

CERTIFIED

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

WW00484572

JUL 30 2012

105297



Transamerica
Title Insurance Company

BOOK 109 PAGE 782

FILED FOR RECORD
SKAMANIA COUNTY
THIS SPACE PROVIDED FOR RECORDERS USE:
BY SLRA

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

STATE EXCISE TAX

PAID Excise
[Signature]
[Signature]

Dated May 17, 19 88

SPIRIT LAKE RELOCATION ASSOCIATION (S)

(Individual)

By Robert A. Martin

(Individual)

By Charles H. Long
(Secretary)

STATE OF WASHINGTON } ss.
COUNTY OF Spirit Lake

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 May, 19 88
Notary Public in and for the State of Wash.
Filing: residing at
Mailed

STATE OF WASHINGTON } ss.
COUNTY OF Spirit Lake

On this 17th day of May, 19 88,
before me, the undersigned, a Notary Public in and for the State of Wash-
ington, 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 corpora-
tion, 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, Notary Public, and year first
above written.

Notary Public in and for the State of Washington
residing at Notary Public
My commission expires: 10-21-90

Glenda J. Kinnel, Skamania County Auditor
Parcel # 7-6-8-2-2100
By: [Signature]

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 13th 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 13th 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



Washington Legal Blank Co., Bellevue, Wa. Form 63

Filed for Record 10-15 1973 9:02 AM
Record of Lester J. Tugaw
Patricia D. Tugaw
Cowlitz County Auditor Barney Dep

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Henry J. Pungue

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Henry J. Pungue

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Henry J. Pungue

Unofficial Copy

