

WHEN RECORDED RETURN TO:

Gary Collins

381 Erickson Rd.

Stevenson WA.

98648

DOCUMENT TITLE(S)

Death Cert.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Nelta Paasch

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

32225

NOV 14 2016

☐ Additional names on page _____ of document.

GRANTEE(S):

Gary Collins

PAID Exempt

Shirley K. Smith
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

Sec 26 Township 3N R 8 E

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03082600030000

030800030000

☐ Additional parcel numbers on page _____ of document.

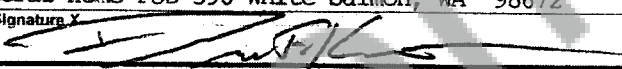
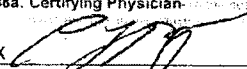
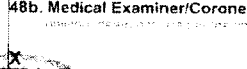
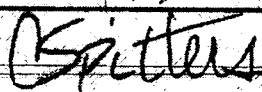
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: _____

Signature/Title: _____

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2005-1043		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Nelta Armina PAASCH				2. Death Date July 27, 2005	
3. Sex (M/F) Female	4a. Age - Last Birthday 91	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Klickitat
7. Birthdate Nov. 2, 1913		8a. Birthplace (City, Town, or County) Hood River		8b. (State or Foreign Country) Oregon	
9. Decedent's Education Some College, No Degree				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? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 192 Erickson Road				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98648		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 60 Years		15. Marital Status at Time of Death Widowed		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). Farmer				18. Kind of Business/Industry (Do not use Company Name) Fruit & Berries	
19. Father's Name (First, Middle, Last, Suffix) Charles E. Barnes				20. Mother's Name Before First Marriage (First, Middle, Last) Delina Chinard	
21. Informant's Name Robin Stephenson		22. Relationship to Decedent Great Niece		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 192 Erickson Road Stevenson, WA 98648	
24. Place of Death, if Death Occurred in a Hospital: Inpatient					
25. Facility Name (If not a facility, give number & street or location) Skyline Hospital					
26a. City, Town, or Location of Death White Salmon				26b. State WA	
26c. Zip Code 98672					
28. Method of Disposition Cremation				29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory	
30. Location-City/Town, and State White Salmon, WA				31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672	
32. Date of Disposition July 29, 2005					
33. Funeral Director Signature 					
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. Coronary Heart Failure Interval between Onset & Death 7/27/05					
Due to (or as a consequence of):					
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. Atherosclerosis Interval between Onset & Death 7/27/05					
Due to (or as a consequence of):					
c. 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 Diabetes, Hypertension, C.D.F. arteriosclerosis, UTI				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 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: 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 				48b. Medical Examiner/Coroner 	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Allen LaBerge, MD POB 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 0750	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 7-28-05	
53. Title of Certifier MD		54. License Number MD00033033		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature 				58. Date Received (mm/dd/yyyy) JUL 29 2005	
59. Amendments					

Beginning at the northwest corner of said Government Lot 2 which is monumented with a 2.5" diameter aluminum survey cap; thence South 89°48'16" East along the North line of said Government Lot 2 and the Northeast Quarter of said Southwest Quarter, a distance of 1,695.91 feet to the northwest corner of that certain tract of land described in a quit claim deed recorded in Book 34, Page 152 (#43476) of Skamania County Records; thence South 00°11'26" West along the west line of said tract and the west line of another tract of land described in a quit claim deed recorded in Book 34, Page 157 (#43498) of Skamania County Records, a distance of 1,086.67 feet to a point on the Columbia River Gorge National Scenic Area Home Valley Urban Growth Area boundary line; thence North 88°09'34" West along said Urban Growth Area boundary line, a distance of 1,689.91 feet to the west line of said Government Lot 2; thence North 00°10'44" West along said west line, a distance of 1,038.18 feet to the Point of Beginning.

Except, that portion lying northerly of the South line of county road number 3271 designated as the Home Valley Cut-Off Road.

Skamania County Assessor

11-1411 Parcel# 3-8-26-300
3-8-26-300-06