

BOOK 119 PAGE 114

MAY 30 4 05 PM '90

WILMA J. CORNWALL
TREASURER OF SKAMANIA COUNTY

Glenda J. Kimmel, Skamania County Assessor
By: *JLD* Parcel # 03 10 15 00 1500 00
5-50-90

of any kind, nature or description owing by the decedent or the undersigned as a result hereof and, further, there are no inheritances taxes due to the U.S. Government nor to the State of Washington and there are no creditors whatsoever in said estate which have not been paid or provided for.

6. The purpose of this affidavit is to induce the Mt. Adams Title Company to accept such affidavit in forbearance of a demand made by said title insurance company to probate the decedent's estate.

7. At the time of decedent's death, decedent owned property in Skamania County, Washington, located in Underwood and described as:

All of that portion of the south half of the southeast quarter of the southwest quarter of Section 15, Township 3 North, Range 10 E.W.M., lying south and west of the County Road over and across said subdivision, except the following described parcels:

1. Beginning at the southwest corner of the tract above described, thence north along the west line thereof 10 rods, thence east 20 rods, thence south 10 rods, thence west 20 rods to the point of beginning of the parcel hereby excepted;

2. A strip of land 20 feet wide along the south line of the tract first above described for road purposes.

Situated in the County of Skamania, State of Washington.

8. I by my signature hereto, agree to indemnify and hold harmless Mt. Adams Title Company from any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

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Dated this 29 day of May, 1990.

Lois C. Rodgers
Lois C. Rodgers

Subscribed and sworn to before me this 29th day of May, 1990.

Notary Public
Notary public for
Washington, residing at
Notary Public
Notary Public



AFFIDAVIT OF SURVIVING SPOUSE - 3

TYPE ON
PRINT IN
PERMANENT
BLACK INK

59323
10. TAG NO.
128-89
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

BOOK 119 PAGE 117

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

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14

CAUSE OF DEATH

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1 DECEDENT'S NAME First Middle Last Carl A. RODGERS, Sr.		2 SEX Male	3 DATE OF DEATH (Month, Day, Year) Nov. 6, 1989
4 SOCIAL SECURITY NUMBER [REDACTED]	5a AGE Last Birthday (Year) 74	5b Under 1 Year Mos Days Hours Mins	5c Under 1 Day Hours Mins
6 BIRTHPLACE (City and State or Foreign Country) Lander, WY		7 DATE OF BIRTH (Month, Day, Year) June 14, 1915	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (if not institution, give street and number) Hood River Memorial Hospital		9c CITY, TOWN, OR LOCATION OF DEATH Hood River	
9d COUNTY OF DEATH Hood River			
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Laborer		10b KIND OF BUSINESS/INDUSTRY Construction	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12 SPOUSE (If Married, Widowed) Lois C. Rodgers	
13a RESIDENCE - STATE Washington		13b COUNTY Skamania	
13c CITY, TOWN, OR LOCATION Underwood		13d STREET AND NUMBER Box 84 Cook-Underwood Road	
13e INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f ZIP CODE 98651	
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify		15 RACE American Indian, Black, White, etc. (Specify) White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (3-12) College (14 or 5+)			
17 FATHER - NAME first middle last John H.A. Rodgers		18 MOTHER - NAME first middle maiden Maria Sundstrum	
19 INFORMANT - NAME and relationship to deceased Lois Rodgers, Wife			
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Idlewild Cemetery	
20c LOCATION - City or Town, State Hood River, OR			
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN LICH R.P. Dierckx		21b LICENSE NUMBER (Of Licensee) 1482	
22 NAME, ADDRESS AND ZIP OF FACILITY Box 390 Gardner Funeral Home White Salmon, WA 98672			
23 DATE FILED (Month, Day, Year) NOV 8 1989		24 REGISTRAR'S SIGNATURE [Signature]	
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26 WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
27 TIME OF DEATH 1825 M			
28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]			
30 DATE SIGNED (Month, Day, Year) 11-7-89			
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Paul Hamada, M.D. 1784 May Street Hood River, OR 97031			
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
PART I (a) CORONARY HEART FAILURE		Interval between onset and death 21 YEAR	
(b) DILATED CARDIOMYOPATHY		Interval between onset and death 72 YEARS	
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause(s) given in PART I			
RENAI FAILURE			
34 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		35 DATE OF INJURY (Month, Day, Year)	
36 TIME OF INJURY M		37 INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38 PLACE OF INJURY (Attorney's office, factory, office, building, etc.) (Specify)		39 LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

452 H.R. 1-109

STATE OF OREGON

COUNTY OF HOOD RIVER

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

County Registrar of Vital Statistics

November 8, 1989
DATE

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT