

BOOK 122 PAGE 614

FILED RECORD  
STAMP WASH  
BY E. Thompson Reynolds

MAR 20 3 09 PM '91

P. Henry

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N.C.  
 SOUNDERS HILLING  
 TREASURER OF SKAMANIA COUNTY

EXCEPT the Westerly 660 feet of said Government Lot 1; and

EXCEPT those parcels of land conveyed to the State of Washington in connection with the construction of Primary State Highway No. 8 and easement conveyed to the Northwestern Electric Company for electric power line; and

EXCEPT for an access roadway 20 feet in width over and across the above described real property as described in real estate contract dated December 30, 1953, wherein James H. Margeson and Lillie B. Margeson, husband and wife, are purchasers;

TOGETHER WITH all water rights appurtenant to the above described real property including surface water right granted by the State of Washington as more particularly described by instrument dated November 20, 1959, and recorded at page 94 of Book I of Miscellaneous, Records of Skamania County, Washington.

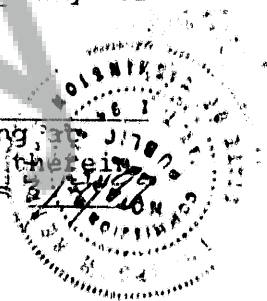
7. I, by my signature hereto, agree to indemnify and hold harmless Columbia Title Company of any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

Dated this 11<sup>th</sup> day of March, 1990.

Loren A. Eshelman  
Loren Eshelman

Subscribed and sworn to before me this 11<sup>th</sup> day of March, 1991.

[Signature]  
Notary public residing at [Address]  
My commission expires 3/1/96



Vital Records Unit

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION,  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
THIS SECTION

DISPOSITION

- 1.
- 2.
- 3.

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH

Local File Number			State File Number		
DECEASED—NAME First Middle Last 1 Dana Norine ESHLEMAN			DATE OF DEATH (month, day, year) 2 June 14, 1983		
RACE (specify) 3 White			SEX 4 Female	AGE—Last birthday (years) 5a 66	DATE OF BIRTH (month, day, year) 6 May 11, 1917
CITY, TOWN OR LOCATION OF DEATH 7a Portland			HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7b Providence Hospital		COUNTY OF DEATH 7c Multnomah
STATE OF BIRTH (if not in U.S.A., name country) 8 Oklahoma			CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NE, WIDOWED, DIVORCED, or (specify) 10 Married	SPOUSE (if married, widowed) 11 Loren
SOCIAL SECURITY NUMBER 13 547-26-6711			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Histology Technician-Ret.		KIND OF BUSINESS OR INDUSTRY 14b Oral Surgery Pathology
RESIDENCE—STATE 15a Oregon			COUNTY 15b Multnomah	CITY, TOWN, OR LOCATION 15c Portland	STREET AND NUMBER OR R.F.D., ZIP 15d 1511 NE 152nd Pl. 97230
FATHER—NAME first middle last 16 Leroy Harris			MOTHER—Maiden Name first middle last 17 Vaden Harris		INFORMANT—NAME and relationship to deceased 18 Loren Eshleman, Husband
BURIAL, CREMATION, REMOVAL, MAUS, (specify) 19a Burial			CEMETERY OR CREMATORY—NAME 19b Mt. View Cemetery		LOCATION city or town state 19c Hood River, Oregon
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a Sheryl Akin			NAME AND ADDRESS OF FACILITY 20b Ande In Funeral Home 14th & Belmont Rd. Hood River, OR		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Brad W. Jensen			DATE SIGNED (Month, Day, Yr) 21b 6/15/83		HOUR OF DEATH 21c 11:30 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Braden W. Jensen MD 4722 NE Glisan Portland, OR			NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		
DATE RECEIVED BY REGISTRAR (Month, Day, Yr) 22a JUN 21 1983			REGISTRAR 22b (Signature) Arthur W. Bloom		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death 8 days
(b) Amyotrophic lateral sclerosis DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death four years
(c)					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No) 26a No			DATE OF INJURY (Month, Day, Yr) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e No			PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO CITY OR TOWN STATE
RESERVED FOR REGISTRAR'S USE					

STATE OF OREGON  
COUNTY OF MULTNOMAH

Date JUN 21 1983

HS-2 (Rev. 1/80)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

Arthur W. Bloom  
REGISTRAR OF VITAL STATISTICS