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BOOK 767 PAGE 756

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SEASIDE TITLE

JUL 31 3 39 PM '97

*P. Larry*  
AUDITOR  
GARY M. OLSON

**AFTER RECORDING MAIL TO:**

Name ROBERT K. LEICK, Attorney at Law  
Address POB 129 - 90 N.W. Second St.  
City/State Stevenson WA 98648  
SECT 20 986

- Document Title(s): (or transactions contained therein)
1. DEATH CERTIFICATE OF LENORA WEDIN
  - 2.
  - 3.
  - 4.

 **First American Title Insurance Company**  
*(this space for title company use only)*

Reference Number(s) of Documents assigned or released:

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

Grantor(s): (Last name first, then first name and initials)

1. WEDIN, LENORA
- 2.
- 3.
- 4.

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

Grantee(s): (Last name first, then first name and initials)

1. Public, The
- 2.
- 3.
- 4.

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

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)  
A TRACT OF LAND IN ~~THE~~ THE W 1/2 OF THE SE 1/4  
OF THE NW 1/4 OF S30, T3N, R7E

Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-2-0-1602-007

NA  
**REAL ESTATE EXCISE TAX**  
JUL 31 1997  
PMD NA  
NA  
SKAMANIA COUNTY TREASURER  
Gary H. Martin, Skamania County Assessor  
Date 7-31-97 Parcel # 2-7-36-2-1602

Registered   
Indexed, Dir   
Indirect   
Direct   
Said

**NOTE:** The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF HEALTH

BOOK 167 PAGE 757

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BUREAU OF VITAL STATISTICS

OR PRINT IN  
PERMANENT INK

DECEASED—NAME **Lenora Wedin** LOCAL FILE NUMBER **575-M** CERTIFICATE OF DEATH STATE FILE NUMBER

1. **Lenora** **Wedin** **Female** DATE OF DEATH (MONTH, DAY, YEAR) **August 6, 1977**

2. **White** AGE—(LAST BIRTHDAY) **68** UNDER 1 YEAR **08** UNDER 1 DAY **08** DATE OF BIRTH (MONTH, DAY, YEAR) **4/20/1909** COUNTY OF DEATH **Clark**

3. **Vancouver** HOSPITAL OR OTHER INSTITUTION **Vancouver Memorial Hospital**

4. **Maryland** STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **USA** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **Eric Wedin**

5. **Washington** RESIDENCE—STATE **Skamania** COUNTY **Stevenson** CITY, TOWN, OR LOCATION **Home Making** KIND OF BUSINESS OR INDUSTRY **Ret. #1, Box 30**

6. **Emerg Kingston** FATHER—NAME (FIRST MIDDLE LAST) **Adelaide Pusey** MOTHER—MAIDEN NAME (FIRST MIDDLE LAST)

7. **Eric Wedin** (FIRST MIDDLE LAST) MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **Ret. #1, Box 30, Stevenson, Washington**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **Hepatic insufficiency** DURATION OR AS A CONSEQUENCE OF: **7 days**

(b) **Metastatic adenocarcinoma in liver** DURATION OR AS A CONSEQUENCE OF: **2 mos.**

(c) **Source unknown**

PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDERDETERMINED (SPECIFY): \_\_\_\_\_ DATE OF INJURY (MONTH, DAY, YEAR): \_\_\_\_\_ PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): \_\_\_\_\_ LOCATION: \_\_\_\_\_

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, & PART II, ITEM 18): \_\_\_\_\_

CERTIFICATION—(PHYSICIAN) I ATTENDED THE DECEASED FROM **July 14 1977** TO **Aug 6 1977** AND LAST SAW HIM/HER ALIVE ON **Aug 6 1977** I DID/DID NOT VIEW THE BODY AFTER DEATH. **21:55** DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

CERTIFIER—NAME (TYPE OR PRINT) **RW Swines MD** SIGNATURE **RW Swines MD** DEGREE OR TITLE **MD** DATE SIGNED (MONTH, DAY, YEAR) **8-9-77**

MAILING ADDRESS—CERTIFIER **111 W 39th St** STREET OR R.F.D. NO. **Vancouver** CITY OR TOWN **WA** STATE **98600**

BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** CEMETERY OR CREMATORY—NAME **Evergreen Mem. Gardens, Vancouver, Washington** LOCATION **Vancouver** CITY OR TOWN **WA** STATE **98600**

DATE **8/9/77** FUNERAL HOME—NAME AND ADDRESS **Vancouver Funeral Chapel, 110 E 12th St., Vanc., Wa.** FUNERAL DIRECTOR—SIGNATURE **A. J. ...** REGISTRAR—SIGNATURE **Rochamstein MD** DATE REGISTERED BY LOCAL REGISTRAR **AUG 11 1977**

*Karen Steingart, MD*

SEAL

JUN 4 '986

KAREN STEINGART, M.D.  
DISTRICT HEALTH OFFICER

EXHIBIT "A"

A tract of land located in the West Half of the Southeast Quarter of the Northwest Quarter of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the intersection of the center of the county road known as Gropper Road with the centerline running North and South through the Northwest Quarter of the said Section 36; thence following said centerline North 281.8 feet; thence East 160 feet to the initial point of the tract hereby described; thence East 160 feet; thence North 175 feet, more or less, to the Southeast corner of a tract of land conveyed to Charles B. Pettitt et al. by deed dated October 5, 1973, recorded at page 784 of Book 65 of Deeds, Records of Skamania County, Washington; thence West 160 feet; thence South 175 feet, more or less, to the initial point.

Gary H. Martin, Skamania County Assessor  
7-31-97 Parcel # 3-7-36-2-1602

*(Signature)*

Unofficial Copy