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BOOK 164 PAGE 606

FILED FOR RECORD
SKAMANIA CO. WASH
BY Clara Donat

APR 22 10 48 AM '97
P Lowry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:
Clara M. Donat
PO Box 732
Carson, WA 98610

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Comm. Prop. Stmt
2. Legal Discription
3. Death certificate
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Adolph E Donat
2. Clara M. Donat
3.
4.

[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX

GRANTEE(S) (Last name, first, then first name and initials)

1. Clara M. Donat
2.
3.
4.

[ ] Additional Names on page _____ of document.

18753

APR 22 1997

PAID Exempt
Ida Lenzer, Deputy
SKAMANIA COUNTY TREASURER

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

SE4 SE4 Section 20 T3N R8E

[ ] Complete legal on page 2 of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[X] Property Tax Parcel ID is not yet assigned. 3-8-20-4-4-1500
[ ] Additional parcel #'s on page _____ of document.

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

Indexed, Dir ✓
Indirect ✓
Filmed
Proofed

BOOK 164 PAGE 607

We hereby agree that all of the property we hold in joint tenancy is truly and completely community property, and we are holding it in joint tenancy for convenience only. We do not intend to change the character of the ownership of the property by holding it in joint tenancy.

Clara M. Ponit date 9.12.91

[signature] date 9.12.91

[signature] Witness

Gary H. Martin, Skamania County Assessor
Date 4/22/1997 Parcel # 3-8-20-4-4-1500
[initials]

REAL ESTATE EXCISE TAX
18753
APR 22 1997
PAID Exempt
[signature]
SKAMANIA COUNTY TREASURER

A TRACT OF LAND IN THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF THE SAID SECTION 20; THENCE NORTH 00°30' EAST ALONG THE EAST LINE OF THE SAID SECTION 20, A DISTANCE OF 230 FEET; THENCE WEST 20 FEET TO THE INITIAL POINT OF THE TRACT HEREBY DESCRIBED; THENCE WEST 217.6 FEET; THENCE NORTH 00°30' EAST 200.2 FEET; THENCE IN AN EASTERLY DIRECTION 217.6 FEET TO A POINT 200.2 FEET NORTH 00°30' EAST OF THE INITIAL POINT; THENCE SOUTH 00°30' WEST 200.2 FEET TO THE INITIAL POINT;
EXCEPT THAT PORTION THEREOF DESCRIBED AS FOLLOWS:
BEGINNING AT THE INITIAL POINT AFORESAID; THENCE WEST 120 FEET; THENCE NORTH 00°30' EAST 120 FEET; THENCE EASTERLY 120 FEET TO A POINT 120 FEET NORTH 00°30' EAST OF THE INITIAL POINT; THENCE SOUTH 00°30' WEST 120 FEET TO THE INITIAL POINT.

ALSO EXCEPTING

A tract of land in the Southeast quarter of the Southeast quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian in the County of Skamania and State of Washington, described as follows:

Beginning at the Southeast corner of the Southeast quarter of said Section 20; thence North 00° 30' East along the East line of said Section 20, a distance of 230 feet; thence West 140 feet to the True Point of Beginning; thence continuing West 97.6 feet to the most Southwest corner of a tract of land conveyed to Adolph E. Donat et. ux. by instrument recorded June 12, 1988 in Book 101, Page 507, Skamania County Deed Records; thence North 00° 30' East along the West line of said Donat Tract 120 feet; thence East parallel with the South line of the Donat Tract 97.6 feet to the Northwest corner of a Tract of land conveyed to Steven Ohnesus, et. ux. by instrument recorded August 3, 1983 in Book 82, Page 543, Skamania County Deed Records; thence South 00° 30' West along said West line 120 feet to the True Point of Beginning.

REAL ESTATE EXCISE TAX
18753
APR 22 1997
PAID Exempt
Liz Jacobsen Deputy
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

G-4044
I.D. TAG NO.

304-97
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136
State File Number

1. DECEDENT'S NAME: First: Adolph	Middle: Ernest	Last: DONAT	9. SEX: Male	10. DATE OF DEATH (Month, Day, Year): April 6, 1997	
4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE-Last Birthday (Years): 73	5b. Under 1 Year (Months / Days)	5c. Under 1 Day (Hours / Min.)	6. BIRTHPLACE (City and State or Foreign Country): Marwitz, Germany	7. DATE OF BIRTH (Month, Day, Year): Feb. 24, 1924

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ 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): Millworker	10b. KIND OF BUSINESS/INDUSTRY: Lumber	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, give name): Clara Donat		
13a. RESIDENCE - STATE: Washington	13b. COUNTY: Skamania	13c. CITY, TOWN OR LOCATION: Carson
13d. STREET AND NUMBER: 71 Metzger Road		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 98610	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12	College (1-4 or 5+):
17. FATHER - NAME First Middle Last: John - Donat	18. MOTHER - NAME First Middle Maiden: Anna - Hannemann	19. INFORMANT, NAME and relationship to Deceased: Clara Donat, wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Win-quatt Crematory	20c. LOCATION - City or Town, State: The Dalles, OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. P. Gardner	21b. LICENSE NUMBER (Of Licensee): 1488	22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): April 8, 1997	24. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A: not available	26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A: not available	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1316 P.M. 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. (Signature): Linda L. Desitter

30. DATE SIGNED (Month, Day, Year): 4-8-97

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Linda Desitter, M.D. 13th & May Streets Hood River, OR 97031

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36. 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)	Cardiac Arrest	Interval between onset and death: Immediate
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I	37. Did tobacco use contribute to (a) death? ☐ Yes ☐ Probably ☐ No ☐ Unknown	38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A		

40. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Could not be determined ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? ☐ Yes ☐ No	41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY 45-2 Rev 2/96

FOR VETERAN'S CLAIM USE ONLY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED: APR 08 1997

HOOD RIVER COUNTY OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

PAID APR 22 1997 exempt

REAL ESTATE EXCISE TAX 18753

Gary H. Martin, Skamania County Assessor
Date 1/22/1997 Parcel # 3-8-20-4-4-1500