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SKAMANIA CO. WASH
BY *James Gipe*

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AUDITOR
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James D. Gipe
21419 NE 212th Ave
Battle Ground WA 98604

Please Print or Type Information.

Document Title(s) or transactions contained therein: 1. <i>Letters Testamentary</i> 2. <i>Death Certificate</i> 3. 4.
GRANTOR(S) (Last name, first, then first name and initials) 1. <i>Gipe, James V. Estate of</i> 2. 3. 4. <input type="checkbox"/> Additional Names on page _____ of document.
GRANTEE(S) (Last name, first, then first name and initials) 1. <i>Gipe, James D.</i> 2. 3. 4. <input type="checkbox"/> Additional Names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) <i>Lot Cabin 37 Northwoods</i> <input type="checkbox"/> Complete legal on page _____ of document.
REFERENCE NUMBER(S) Of Documents assigned or released: <input type="checkbox"/> Additional numbers on page _____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER <i>46-000037</i> <input type="checkbox"/> Property Tax Parcel ID is not yet assigned. <input type="checkbox"/> 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.

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF CLARK

In re the Estate of:)
JAMES V. GIPE,) Case No. **97 4 00151 1**
Deceased.) LETTERS TESTAMENTARY

WHEREAS, the Last Will of JAMES V. GIPE, deceased, was on the 14 day of March, 1997, duly exhibited, proven and recorded in our said Superior Court, and whereas it appears in and by the said Will that JAMES D. GIPE is appointed Personal Representative thereon, and whereas said JAMES D. GIPE has duly qualified:

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said JAMES D. GIPE to execute said Will according to law.

WITNESS my hand and the seal of said Court this 14 day of March, 1997.

JOANNE McBRIDE
Clerk of Said Superior Court

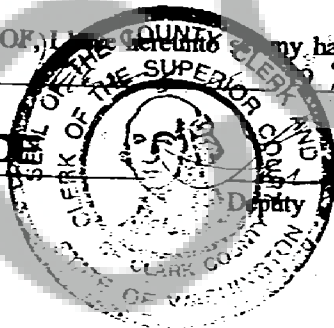
Deputy

STATE OF WASHINGTON)
County of Clark)

JOANNE McBRIDE County Clerk and Clerk of the above-entitled Court, do hereby certify that the foregoing Letters Testamentary have been by me duly recorded as required by law, and that the above LETTERS TESTAMENTARY is a true copy of the original on file and recorded in this office, AND THAT THE SAME ARE STILL OF FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have hereunto set my hand and Official Seal of the above-entitled Court this 14 day of March, 1997.

JOANNE McBRIDE
Clerk of said Superior Court

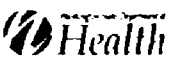


LETTERS TESTAMENTARY

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MORSE & BRATT
SOUTH FLOOR, MAIN PLAZA
1111 MAIN STREET
PORT OGDEN, WASHINGTON 98666
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH

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1. NAME First: James Middle: William Last: Gipe		2. SEX Male		3. DEATH DATE (Mo, Day, Yr) Feb. 16, 1997	
4. AGE (Last Birth Day) 76	5. US BIRTH STATE WA	6. DATE OF BIRTH May 3, 1920	7. CITY OF BIRTH St. Paul, Minn.	8. US BIRTH COUNTY Skamania	9. US BIRTH DISTRICT No
11. CITY, TOWN, OR LOCATION OF DEATH Cougar		12. PLACE OF DEATH (See box for instructions on address or postal code usage) X HOME 2. AT HOME 3. EMPLOYER 4. HOSP. 5. NURSING HOME 6. OTHER PLACE #37 Northwoods Cabin		13. US BIRTH COUNTY (5 YEARLY) Yes	
14. MARITAL STATUS - Married (Name Married & Dates Divorced/Cohab) Widowed	15. SURVIVING SPOUSE (Name and Date of Birth) - 0 -	16. SOCIAL SECURITY NO. [REDACTED]	17. DECEASED'S EDUCATION (Specify year of high school completed) 12		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIREE) Store Owner	19. KIND OF BUSINESS OR INDUSTRY Grocery Retail	20. Was Encephalitis of unknown origin or Rocky Mountain Spotted Fever No in this locality (Specify Yes/No) (Specify Yes/No) No	21. RACE (Specify) White		
22. RESIDENCE - NUMBER AND STREET #37 Northwoods Cabin	23. CITY, TOWN, OR LOCATION Cougar	24. US BIRTH COUNTY (Last 3) No	25. LENGTH OF RES. IN CO. 41 yrs	26. STATE WA	27. ZIP CODE 98616
28. FATHER'S NAME - FIRST, MIDDLE, LAST James William Gipe		29. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME Noel Wilke			
30. INFORMANT NAME Jim Gipe		31. MAILING ADDRESS (STREET OR RFD NO. CITY OR TOWN STATE ZIP) 21419 N.E. 212th Avenue, Battle Ground, WA 98604			
32. BURIAL CREMATION (Specify) Cremation	33. DATE (Mo, Day, Yr) Feb. 19, 1997	34. CEMETERY/CREMATORIUM NAME Park Hill Crematorium		35. LOCATION - CITY/TOWN STATE Vancouver, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>Bruce Brubaker</i>		37. NAME OF FACILITY Evergreen Staples Funeral Chpl.		38. ADDRESS OF FACILITY 4700 St. John's Road Vancouver, WA 98661	
39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X 40. DATE SIGNED (Mo, Day, Yr) Feb. 17, 1997			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X 44. DATE SIGNED (Mo, Day, Yr) Feb. 17, 1997		
41. HOUR OF DEATH (24 Hrs) Unknown			45. HOUR OF DEATH (24 Hrs) Unknown		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Pract) Dennis J. Wickham MD, Medical Examiner PO Box 5000 Vancouver Wa 98668			46. PRONOUNCED DEAD (Mo, Day, Yr) Feb. 16, 1997		
47. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Pract) Dennis J. Wickham MD, Medical Examiner PO Box 5000 Vancouver Wa 98668			48. MEDICORNER FILE NUMBER 97-134		
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
IMMEDIATE CAUSE (Final episode of condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONE (ONE) CAUSE ON EACH LINE. Specify fully list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which included events resulting in death) LAST		A. Gunshot Wound of the Head DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
		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	
		D. DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					
54. ACC. SUICIDE, HOMICIDE, OR PENDING PROSEC. (Specify)		55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	52. AUTOPSY? (Yes/No) Yes	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes
Suicide		Unknown	Unknown	Deceased shot himself with .22 cal rifle	
58. INJURY AT WORK? (Yes/No) No	59. PLACE OF INJURY - AT HOME, FARM, STREET, FAC. BLDG, ETC. (Specify) Home	60. LOCAL ADDRESS (STREET OR RFD NO. CITY/TOWN STATE) Northwoods Cabins #37 Cougar Wa			
61. RECORDED AMENDMENT (Print or type name) ITEM DOCUMENTARY EXAMINED REVIEWED BY DATE		62. REGISTER SIGNATURE <i>Dennis J. Wickham</i>		63. DATE RECEIVED (Mo, Day, Yr) FEB 18 1997	

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