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BOOK 167 PAGE 696

FILED FOR RECORD
SKAMANIA CO. WASH
BY STAFFORD COLLETT

JUL 31 12 17 PM '97

P. Olson
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Nina Crawford

Address PO Box 61546

City/State Vancouver, WA 98666

Sec 26.38

Document Title(s): (or transactions contained therein)

1. Death Certificate
- 2.
- 3.
- 4.

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. Nina, Nelson P.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Crawford, Nina B.
- 2.
- 3.
- 4.

5. ☐ 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 Southeast Quarter of the Northeast of Section 34, Township 2 North, Range 6 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

Lot 1 of the Nina P. Nelson Short Plat, recorded in Book 3 of Short Plats, Page 33 Skamania County Records.

Assessor's Property Tax Parcel / Account Number(s): 02-06-34-1-0-1600-00

Assessed ✓
Exempt Dir ✓
Exempt ✓
Exempt ✓
Exempt ✓

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.

 First American Title
Insurance Company

(this space for title company use only)

REAL ESTATE EXCISE TAX

189.10

JUL 31 1997

PAID exempt

Nina P. Nelson

SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date 07/31/97 Parcel # 2-6-34-1-1600

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CERTIFICATION OF VITAL RECORD

BOOK 167 PAGE 697

OR
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PERMANENT
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892

139118
ID TAG NO

975

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

State File Number

1. DECEASED'S NAME First: Nina Middle: Pearl Last: NELSON		2. SEX Female	3. DATE OF DEATH Month Day Year May 22, 1994
4. SOCIAL SECURITY NUMBER 39		5. BIRTHPLACE, City and State Arnegard, ND	6. DATE OF BIRTH Month Day Year November 3, 1913
7. PLACE OF DEATH City and State Aurora, Marion			
8. DECEASED'S USUAL OCCUPATION Teacher			
9. DECEASED'S RESIDENCE STATE Oregon			
10. DECEASED'S RESIDENCE CITY Marion			
11. DECEASED'S RESIDENCE STREET AND NUMBER 12020 Fargo Road			
12. DECEASED'S RESIDENCE ZIP CODE 97002			
13. DECEASED'S RACE White			
14. DECEASED'S EDUCATION 12			
15. DECEASED'S MARRIAGE STATUS Divorced			
16. DECEASED'S SIGNATURE <i>[Signature]</i>			
17. FATHER'S NAME Gottlieb Leek			
18. MOTHER'S NAME Erma Smith			
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MARION COUNTY REGISTRAR

DATE ISSUED JUN 9 1994

[Signature]
RUTH A. JOHNSON
COUNTY REGISTRAR
MARION COUNTY, OREGON



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE