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FILED FOR RECORD
SKAMANIA CO. WASH
BY S24115 SIA CO, JUL 31

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

507E 20 986

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

1. DEATH CERTIFICATE OF LENORA WEDIN

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. WEDIN, LENORA

2.

3.

4.

5. ☐ Additional names on page _____ of document

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

1. Public, The

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~~ THE W 1/2 OF THE SE 1/4
OF THE NW 1/4 OF S36, T3N, R7E

☐ Complete legal description is on page 2 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-2-0-1602-00



NA
REAL ESTATE EXCISE TAX

JUL 31 1997

PAID NA

JW
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date 7-31-97 Parcel # 2-7-36-2-1602

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

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

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WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS
M-1 LOCAL FILE NUMBER 575-M CERTIFICATE OF DEATH

1. DECEASED—NAME Lenora Wedin		2. SEX Female	3. DATE OF DEATH (MONTH, DAY, YEAR) August 6, 1977
4. RACE White	5. AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS) 68	6. DATE OF BIRTH (MONTH, DAY, YEAR) 4/20/1909	7. COUNTY OF DEATH Clark
8. CITY, TOWN, OR LOCATION OF DEATH Vancouver		9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) Vancouver Memorial Hospital	
10. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) Maryland	11. CITIZEN OF WHAT COUNTRY USA	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Eric Wedin
14. SOCIAL SECURITY NUMBER [REDACTED]		15. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	16. KIND OF BUSINESS OR INDUSTRY Home Making
17. RESIDENCE—STATE Washington	18. COUNTY Skamania	19. CITY, TOWN, OR LOCATION Stevenson	20. STREET AND NUMBER Rt. #1, Box 30
21. FATHER—NAME Emery Kingston		22. MOTHER—MAIDEN NAME Adelaide Pusey	
23. INFORMANT—NAME Eric Wedin		24. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Rt. #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	(b) Metastatic adenocarcinoma in liver	(c) Source unknown
25. INTERMEDIATE CAUSE (GIVE TO, OR AS A CONSEQUENCE OF, SPECIFY THE UNDERLYING CAUSE LAST)		26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 days

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

27. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) [REDACTED]	28. DATE OF INJURY (MONTH, DAY, YEAR) [REDACTED]	29. HOUR [REDACTED]	30. HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 18) [REDACTED]
31. INJURY AT WORK (SPECIFY YES OR NO) [REDACTED]	32. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) [REDACTED]	33. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) [REDACTED]	34. AUTOPSY (YES OR NO) No

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 SIGNED THIS DEATH CERTIFICATE ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

CERTIFIER—NAME (TYPE OR PRINT): **RW Olevine MD** **Signature:** *[Signature]* **DEGREE OR TITLE:** **MD** **DATE SIGNED (MONTH, DAY, YEAR):** **8-9-77**

MAILING ADDRESS—CERTIFIER: **111 W 39th St, Vancouver WA 98660**

BURIAL, CREMATION, REMOVAL: **DATE:** **8/9/77** **CITY, TOWN, OR LOCATION:** **Vancouver** **STATE:** **WA**

FUNERAL HOME—NAME AND ADDRESS: **Evergreen Mem. Gardens, Vancouver, Washington**

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]* **REGISTRAR—SIGNATURE:** *[Signature]* **DATE RECEIVED BY LOCAL REGISTRAR:** **AUG 11 1977**

Karen Steingart, MD

JUN 4 1986

KAREN STEINGART, M.D.
DISTRICT HEALTH OFFICER

SEAL

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. FIRST-CLASS COPY MUST HAVE THE DEATH SEAL.

DSHS 9-641A (11-85)

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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 ux. 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

Case 7-31-97, Parcel # 3-7-36-2-1602

(Signature)