

134653

BOOK 187 PAGE 685

Return Address:

WAYNE C ANNALA
P.O. BOX 325
HOOD RIVER OR
97031

FILED
SKAMANIA
WAYNE ANNALA

MAR 24 11 33 PM '99

DeWary

GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. Bill of Sale 2. Death Certificate 3. 4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. Walden, Elizabeth 2. Walden, Paul E. 3. 4.	
<input type="checkbox"/> Additional Names on page _____ of document.	
GRANTEE(S) (Last name, first, then first name and initials)	REAL ESTATE EXCISE TAX
1. Walden, Paul E. 2. Walden, William E. 3. Walden, Robert A. 4. Walden, Gregory P.	20093 MAR 24 1999 PAID 102,404.82 + 20.46 JW
<input type="checkbox"/> Additional Names on page _____ of document.	SKAMANIA COUNTY TREASURER
LEGAL DESCRIPTION (Abbreviated: IE, Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
CABIN SITE 22 & 23 NORTHWESTERN LAKE	
<input type="checkbox"/> Complete legal on page 1 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	
43-10-02-0-0-0422, 43-10-02-0-0-0423-00	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned.	Gary H. Martin, Skamania County Assessor
<input type="checkbox"/> Additional parcel #'s on page _____ of document.	Date 3/24/99 Parcel # 43-10-2-422, 423
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.	

BILL OF SALE

I, **PAUL E. WALDEN**, the surviving husband of Elizabeth Walden who died in Hood River County, Oregon on December 31, 1990, for the sum of **ONE DOLLAR (\$1.00)** and other good and valuable consideration, do hereby sell, transfer and convey all my right, title and interest in the following described property:

Cabin Site No. 22 and 23 at Northwestern Lake, Skamania County, Washington.

to **WILLIAM E. WALDEN, ROBERT A. WALDEN** and **GREGORY P. WALDEN**, to have and to hold the same as tenants in common.

The subject property consists of a cabin and the right of use and ingress and egress to the cabin, the same being situated on real property owned by Pacific Power & Light Company. There is attached hereto a true certified copy of the certificate of death of Elizabeth Walden as issued by the State of Oregon. The undersigned, Paul E. Walden, hereby represents and affirms, under oath, that he was and is the sole heir at law of Elizabeth Walden, being her surviving husband, and that all of the decedent's debts and expenses arising on account of her death or owing by her at the time of her death have been and are paid in full. The effective date of this bill of Sale is January 13, 1993.

DATED this 6TH day of ^{MAY} ~~March~~, 1998.

Paul E. Walden
Paul E. Walden

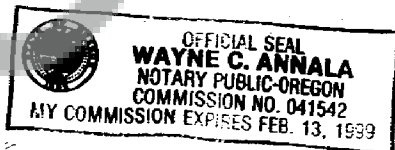
STATE OF OREGON)

County of Hood River)

Gary H. Martin, Skamania County Assessor
Date 5/13/98 Parcel # 43-10-2-422, 423
3/24/98

ACKNOWLEDGED before me this 6 day of ^{MAY} ~~March~~, 1998, by **PAUL E. WALDEN.**

Wayne C. Annala
Notary Public for Oregon
My commission expires: 2-13-99



HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

BOOK 187 PAGE 687

121-70
Local File Number

State File Number

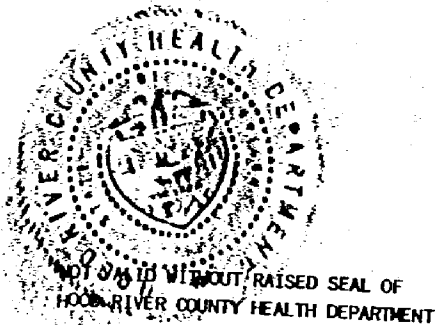
1. DECEDENT'S NAME First Elizabeth Middle WALDEN Last WALDEN		2. SEX F.	3. DATE OF DEATH (Month, Day, Year) December 31, 1990
4. SOCIAL SECURITY NUMBER 544-18-0153	5a. AGE - Last Birthday (Years) 68	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Burley, Idaho
7. DATE OF BIRTH (Month, Day, Year) April 26, 1922		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) Hood River Care Center		9b. CITY, TOWN, OR LOCATION OF DEATH Hood River	9c. COUNTY OF DEATH Hood River
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker		10b. KIND OF BUSINESS/INDUSTRY Own Home	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed, Divorced) (Specify) Paul Walden		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Hood River		13c. CITY, TOWN, OR LOCATION Hood River	
13d. STREET AND NUMBER 4100 Post Canyon Drive		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 5+) 12	
17. FATHER - NAME first middle last William McEwen		18. MOTHER - NAME first middle maiden Pearl Griffith	
19. INFORMANT - NAME and relationship to decedent Paul Walden, Husband		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Columbia Crematory		20c. LOCATION - City or Town, State Portland, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William D. ...</i>		21b. LICENSE NUMBER (Of Licensee) 3529	22. NAME, ADDRESS AND ZIP OF FACILITY Anderson Funeral Home 1401 Belmont, Hood River, OR. 97031
23. DATE FILED (Month, Day, Year) December 31, 1990		24. REGISTRAR'S SIGNATURE <i>Susan Erickson</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
27. TIME OF DEATH 12:15			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Robert A. Wymore</i>			
30. DATE SIGNED (Month, Day, Year) 12-31-90			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Dr. Robert A. Wymore MD., 1790 May Street, Hood River, Oregon 97031			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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)			
(a) <i>Cancer</i> <i>Carcinoma</i>			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I			
35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Not			
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
37. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention			
41a. DATE OF INJURY (Month, Day, Year)			
41b. TIME OF INJURY			
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 3-90

45-2 REV 3-90

STATE OF OREGON
COUNTY OF HOOD RIVER



This certifies that the foregoing is a correct and complete transcript of a record of death on file with HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Susan Erickson
County Registrar of Vital Statistics
December 31, 1990
DATE