

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JUN 9 3 19 PM '99

O. Laury
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Edith Ziegler
Address 82 Little Road
City/State Stevenson WA. 98648
SR 22 GSD

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. ZIEGLER, JERRY
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. ZIEGLER, EDITH
- 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)

S 26, T 2 N, R 6 E

Gary H. Martin, Skamania County Assessor

Date 6-9-99 Parcel # 2-4-26-1-101

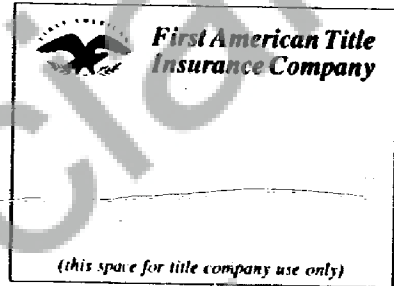
Don

☐ Complete legal description is on page 4 of document

Assessor's Property Tax Parcel / Account Number(s): 02-06-26-4-0-1201-00

WA-1

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.



REAL ESTATE EXCISE TAX

20238

JUN - 9 1999

PAID exempt
W
SKAMANIA COUNTY TREASURER

Aug 04-00
ordered 14
direct
20-01
24-01

AFTER RECORDING MAIL TO:

Name _____

Address _____

City/State _____

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON

County of Skamania

1. Edith Ziegler, residing at 82 Little Rd
Skamania WA, first being duly sworn, depose and say that:

1. Terry Ziegler died testate in Skamania
Washington, on February 2, 1997.

2. At the time of his/her death, Edith Ziegler was a
widow/widower. His/Her spouse, n/a, died in
 _____, on _____, 19____.

3. The sole surviving heirs at law and beneficiaries of the
 Last Will and Testament of Terry L. Ziegler are Alantha
Burns, Kevin Ziegler, Tammy, Luke, and Stephanie Ziegler.
 The deceased, n/a, left no children or children
 of children who predeceased him/her other than those named herein.

4. The expenses of the last illness and burial of Terry
Ziegler and all other claims against decedent's estate
 have been settled and paid.

5. There are no Federal Estate taxes due or Washington inheritance
 taxes due.

6. The purpose of this affidavit is to induce Skamania County Title
 Company to accept such affidavit in forebearance of a demand made by
 said title insurance company to probate the decedent's estate.

7. At the time of decedent's death, decedent owned property in
Skamania, Washington located at 82 Little
Road Skamania WA, and described as residential

8. I, by my signature hereto, agree to indemnify and hold harmless
 SKAMANIA COUNTY TITLE from any and all liability, obligations, expenses,
 legal fees or litigation costs which it may incur as a result of a
 falsity or inaccuracy of any statement contained in this affidavit.

DATED this 26th day of May, 1999.

By: _____

[Signature]

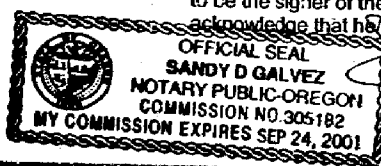
State of Oregon
 County of Wendover

On this 26th day of May, 1999, Edith Ziegler personally
 appeared before me.

whose identity I verified on the basis of _____
☒ who is personally known to me,
 whose identity I verified on the oath/affirmation of
 a credible witness,

to be the signer of the foregoing document, and he/she
 acknowledge that he/she signed it.

ALL SIGNATURES MUST BE NOTO



My commission expires: _____

Notary Public

Sept 24, 2001

STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK 190 PAGE 159

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CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK



LOCAL FILE NUMBER

1 NAME First Middle Last Jerry Lee ZIEGLER				2 SEX (M/F) Male		3 DEATH DATE (Mo Day Yr) Feb. 2, 1997	
4 AGE LAST BIRTH DAY (Y M D) 55		5 UNDER 1 YEAR Wks Days Hrs Mins 55		6 BIRTH DATE (Mo Day Yr) 1/2/1942		7 BIRTH PLACE (City, State or Foreign Country) White Salmon, WA	
8 CITY, TOWN OR LOCATION OF DEATH Skamania				9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10 COUNTY OF DEATH Skamania	
11 PLACE OF DEATH (See box for place then give address or institution name) 82 Little Road				12 HOME 2 IN INSPITE 3 IN EMERGENCY 4 IN HOSP 5 IN OTHER PLACE 82 Little Road		13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes	
14 MARITAL STATUS - Married (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Edith M. Reel		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) 8	
18 USUAL OCCUPATION (Give kind of work done during or at of working hrs DO NOT USE RETIRED) Carpenter		19 KIND OF BUSINESS OR INDUSTRY Construction		20 Was Decedent of Hispanic origin or descent? (Specify) No		21 RACE (Specify) White	
22 RESIDENCE - NUMBER AND STREET 82 Little Road		23 CITY/TOWN OR LOCATION Skamania		24 INSIDE CITY LIMITS? (Yes/No) No		25 COUNTY Skamania	
26 FATHER'S NAME - FIRST, MIDDLE, LAST Raymond Edward Ziegler		27 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Mae Opal Krutsinger		28 LENGTH OF RES. IN CO. 17 yrs		29 STATE WA	
30 INFORMANT - NAME Edith M. Ziegler		31 MARITAL ADDRESS 82 Little Road Skamania, WA 98648		32 LENGTH OF RES. IN CO. 17 yrs		33 ZIP CODE 98648	
34 BIRTH, CREMATION, REBURY, OTHER (Specify) 2/5/97		35 DATE (Mo Day Yr) 2/5/97		36 LOCATION CITY/TOWN STATE The Dalles, OR 97058		37 NAME OF FACILITY POB 390	
38 SIGNATURE OF PHYSICIAN <i>[Signature]</i>		39 NAME OF FACILITY GARDNER FUNERAL HOME, INC.		40 ADDRESS OF FACILITY White Salmon, WA 98672		41 ADDRESS OF FACILITY White Salmon, WA 98672	
42 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE Manuel Galaviz				43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED End Stage CDD			
44 DATE SIGNED (Mo Day Yr) 2/5/97				45 HOUR OF DEATH (24 Hr) 0700			
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Manuel Galaviz, M.D.				47 HOUR PRONOUNCED DEAD (24 Hr) 0700			
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Manuel Galaviz, M.D. 14406 NE 20th Ave. Vancouver, WA 98686				49 RECORDER FILE NUMBER			
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. End Stage CDD				INTERVAL BETWEEN ONSET AND DEATH	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		B. Severe ASTHMA				INTERVAL BETWEEN ONSET AND DEATH	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		C. Severe ASTHMA				INTERVAL BETWEEN ONSET AND DEATH	
		D. Severe ASTHMA				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, UNDET. OR PENDING INVEST (Specify)		55 INJURY DATE (Mo Day Yr)		56 HOUR OF DEATH (24 Hr)		57 HOW INJURY OCCURRED	
						No	
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY - AT HOME, FARM, STREET OR RED NO. CITY/TOWN STATE		60		61	
62 RECORD AMENDMENT (Register use only) DOCUMENT NO. REVISION REVIEWED BY DATE				63 DATE RECEIVED (Mo Day Yr) February 12, 1997			