135379

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

JUN 9 3 19 PM '99
Gary
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Edith Ziegler

Address 82 Little Road

City / State Stevenson WA. 98648

EE 22680

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

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. ZIEGLER, JERRY
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
20238
JUN - 9 1999
PAID Exempt
SKAMANIA COUNTY TREASURER

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 # 2-6-26-4-0-1201

☐ 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.*

AFTER RECORDING MAIL TO:

Name ____________________

Address ____________________

City/State ____________________

DECLARATION OF HEIRSHIP, INHERITANCE, DOMICILE AND INDEMNITY AGREEMENT

STATE OF WASHINGTON
County of Skamania

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

1. Jerry Ziegler died testate in Skamania, Washington, on Feburary 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 Jerry L. Ziegler are Alaatha Burns, Kevin Ziegler Tammy Rike 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 Jerry 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]

ALL SIGNATURES MUST BE NOTO

State of Oregon
County of Hood River
On this 26th day of May, 1999, Edith Ziegler personally appeared before me.
____ whose identity I verified on the basis of _______
X 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.

OFFICIAL SEAL
SANDY D GALVEZ
NOTARY PUBLIC-OREGON
COMMISSION NO.305182
MY COMMISSION EXPIRES SEP 24, 2001

[signature] Notary Public
My commission expires: Sept 24, 2001

STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

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Local File Number: 7

Health

CERTIFICATE OF DEATH

State File Number: 146

Field	Entry
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 Birthday (Yrs)	55
5. Under 1 Year (Mos, Days)	
6. Under 1 Day (Hours, Mins)	
7. Birthdate (Mo. Day Yr.)	1/2/1942
8. Birthplace (City, State or Foreign Country)	White Salmon, WA
9. Was Decedent Ever in U.S. Armed Forces? (Yes/No)	No
10. County of Death	Skamania
11. City, Town or Location of Death	Skamania
12. Place of Death (X box for place, then give address or institution name): X Home / In Transport / Emer. Room/Outpt. / Hosp. / Nur. Home / Other Place	82 Little Road
13. Smoking in Last 15 Years? (Yes/No)	Yes
14. Marital Status — Married, Never Married, Widowed, Divorced (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): Elementary/Secondary (0-12) / College (1-4 or 5+)	8
18. Usual Occupation (Give kind of work done during most of working life. DO NOT USE RETIRED)	Carpenter
19. Kind of Business or Industry	Construction
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	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
25A. County	Skamania
25B. Length of Res. in Co.	7 yrs
26. State	WA
27. Zip Code	98648
28. Father's Name — First, Middle, Last	Raymond Edward Ziegler
29. Mother's Name — First, Middle, Maiden Surname	Mae Opal Krutsinger
30. Informant — Name	Edith M. Ziegler
31. Mailing Address (Street or RFD No., City or Town, State, Zip)	82 Little Road Skamania, WA 98648
32. Burial, Cremation, Removal, Other (Specify)	Cremation
33. Date (Mo. Day Yr.)	2/5/97
34. Cemetery/Crematory — Name	Win-quatt Crematory
35. Location (City/Town, State)	The Dalles, OR 97058
36. Funeral Director Signature	[signature]
37. Name of Facility	GARDNER FUNERAL HOME, INC.
38. Address of Facility	POB 390 White Salmon, WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

Field	Entry
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 [signature]
40. Date Signed (Mo. Day Yr.)	2/5/97
41. Hour of Death (24 Hrs)	0700
42. Name and Title of Attending Physician if Other Than Certifier (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

Field	Entry
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.)	
45. Hour of Death (24 Hrs)	
46. Pronounced Dead (Mo. Day Yr.)	
47. Hour Pronounced Dead (24 Hrs)	

Field	Entry
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. ME/Coroner File Number	

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

IMMEDIATE CAUSE (Final disease or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

Line	Cause	Interval Between Onset and Death
A	End Stage COPD	
B	Due to, or as a consequence of: Severe ASTHMA	
C	Due to, or as a consequence of:	
D	Due to, or as a consequence of:	

Field	Entry
51. Other Significant Conditions — Conditions contributing to death but not resulting in the underlying cause given above	
52. Autopsy? (Yes/No)	No
53. Was Case Referred to Medical Examiner or Coroner? (Yes/No)	Yes
54. Acc., Suicide, Hom., Undet., or Pending Invest. (Specify)	
55. Injury Date (Mo. Day Yr.)	
56. Hour of Injury (24 Hrs)	
57. Describe How Injury Occurred	
58. Injury at Work? (Yes/No)	
59. Place of Injury — At Home, Farm, Street, Factory, Office Building, Etc. (Specify)	
60. Location (Street or RFD No., City/Town, State)	
61. Record Amendment (Registrar use only): Item / Documentary Evidence / Reviewed By / Date	
62. Registrar Signature	X [signature], M.D.
63. Date Received (Mo. Day Yr.)	February 12, 1997

DOH 110-008 (Rev 7/91)