200083

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BOOK 193 PAGE 264

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

SEP 16 3:18 PM '99

AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

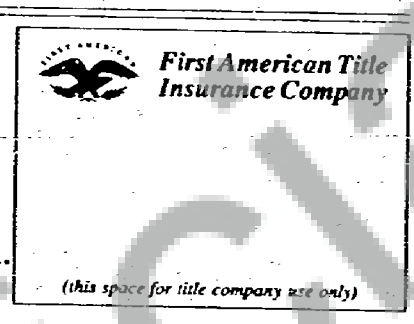
Name Marcus & Lynette Smith

Address Po Box 43

City / State Carson WA 98610

SEC 22 & 10

Quit Claim Deed



THE GRANTOR MARCUS JACOB SMITH, WHO TOOK TITLE AS MARCUS J. SMITH, & LYNETTE A. SMITH, HUSBAND AND WIFE

for and in consideration of NONE

conveys and quit claims to MARCUS J. SMITH & LYNETTE A. SMITH, HUSBAND AND WIFE

the following described real estate, situated in the County of Skamania, State of Washington, together with all after acquired title of the grantor(s) therein:

SW¼ of S17, T3N, R8E

FULL LEGAL IS ON PAGE 2

Gary H. Martin, Skamania County Assessor
Date 9/16/99 Parcel # 3-8-17-3-300

REAL ESTATE EXCISE TAX
20420
Sept. 16, 1999
PAID Exempt
By _____ Deputy
SKAMANIA CO. Treasurer

Assessor's Property Tax Parcel/Account Number(s): 03-08-17-3-0-0300-00

Dated Sept 2, 1999

Marcus Jacob Smith
(Individual)

Lynette A. Smith
(Individual)

By _____
(President)

By _____
(Secretary)

LPB-12 (11/96)

STATE OF WASHINGTON, }
County of Skamania } ss

ACKNOWLEDGMENT - Individual

On this day personally appeared before me Marcus Jacob Smith and Lynette A. Smith to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 2 day of September, 19 97.

Notary Public
State of Washington
JAMES R COPELAND, JR
MY COMMISION EXPIRES
September 13,2003

Notary Public in and for the State of Washington, residing at Stevenson

My appointment expires 9-13-2003

STATE OF WASHINGTON, }
County of } ss.

ACKNOWLEDGMENT - Corporate

On this ____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ and _____ to me known to be the _____ President and _____ Secretary, respectively, of _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington, residing at

My appointment expires _____

WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____.

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CERTIFICATE OF DEATH

OFFICE USE ONLY

1 DISTRICT

2 COPIES 5

3 HOSPITAL

4 OCCURRENCE

5 RESIDENCE

6 RACE

7 OCCUPATION

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21. ACC LOC

22. OCCUPIED

23.

24.

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT

1. NAME — First: Cecil; Middle: Gordon; Last: HENRIKSEN
2. SEX (M / F): Male
3. DEATH DATE (Mo. Day. Yr.): September 13, 1999
4. AGE LAST BIRTHDAY (Yrs): 84
5. UNDER 1 YEAR — MOS / DAYS:
6. UNDER 1 DAY — HOURS / MINS:
7. BIRTHDATE (Mo. Day. Yr.): 12/17/1914
8. BIRTHPLACE (City, State or Foreign Country): Washougal, 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: Carson
12. PLACE OF DEATH — X 1 HOME, 2 IN TRANSPORT, 3 ER/OUTPT, 4 HOSP, 5 NURSING HOME, 6 OTHER: 1411 Metzger Road
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Jacqueline Zoe Prill
16. SOCIAL SECURITY NO: 534-01-3134
17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 8; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Glue Mixer
19. KIND OF BUSINESS OR INDUSTRY: Plywood Mill
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 1411 Metzger Road
23. CITY/TOWN OR LOCATION: Carson
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 84 Yrs
26. STATE: WA
27. ZIP CODE: 98610

PARENTS / INFORMANT

28. FATHER'S NAME — FIRST, MIDDLE, LAST: Henry Henriksen
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Anna Goodwin
30. INFORMANT — NAME: Jacqueline Henriksen
31. MAILING ADDRESS — STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: 242 Upper Dillingham Loop, Carson, WA 98610

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo. Day. Yr.): 9/14/1999
34. CEMETERY/CREMATORY — NAME: Portland Cremation Center
35. LOCATION — CITY/TOWN, STATE: Portland, OR
36. FUNERAL DIRECTOR SIGNATURE: X C. M. Straubs
37. NAME OF FACILITY: STRAUBS FUNERAL HOME
38. ADDRESS OF FACILITY: 325 NE 3rd Ave, Camas, WA 98610

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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
40. DATE SIGNED (Mo. Day. Yr.):
41. HOUR OF DEATH (24 Hrs):
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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 Bradley Andersen, County Coroner
44. DATE SIGNED (Mo. Day. Yr.): September 16, 1999
45. HOUR OF DEATH (24 Hrs): 2130
46. PRONOUNCED DEAD (Mo. Day. Yr.): September 13, 1999
47. HOUR PRONOUNCED DEAD (24 Hrs): 2130
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Bradley Andersen, Coroner POB 790 Stevenson, WA 98648
49. MEDICORONER FILE NUMBER: 99-124SK

CAUSE OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in death):
A. Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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.

B. DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:
C. DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:
D. DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Congestive Heart Failure
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): Natural
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 BLDG, ETC (Specify):
60. LOCATION — STREET OR RFD NO, CITY/TOWN, STATE:

61. RECORD AMENDMENT (Registrar use only) — ITEM / DOCUMENT APPROVED / EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: X
63. DATE RECEIVED (Mo. Day. Yr.):

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-005 (Rev. 7/91) (formerly DSHS 9-150)

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