136805

BOOK 194 PAGE 895

FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Yvette McCartney
Nov 15 11 28 AM '99
P Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Yvette M. McCartney
Address 14606 SE 12th St
City/State Vancouver, WA 98683

Document Title(s): (or transactions contained therein)
1. Death Certificate
2.
3.
4.

First American Title Insurance Company

(this space for title company use only)

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. ~~McCartney, Yvette M. Administrator to the estate of Nancy M. Aalvik, deceased~~
2. Nancy M. Aalvik
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. ~~Smith Richard E.~~ Yvette M. McCartney to the estate of Nancy M.
2. ~~Smith Betty M.~~ Aalvik, deceased.
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.E.4 S.E.4 Sect. 20
T3N R8EWM

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):
03 08 20 4 4 0400 00 11-15-99

REAL ESTATE EXCISE TAX
20537
NOV 15 1999
PAID exempt
SKAMANIA COUNTY TREASURER

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.*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

FOR HEALTH DEPARTMENT USE ONLY
1 DISTRICT
2 COPIES 4
3 HOSPITAL
4 OCCURRENCE
5 RESIDENCE
6 TRACT
7 OCCUPATION

LOCAL FILE NUMBER 16

Health CERTIFICATE OF DEATH

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STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo. Day. Yr.)
Nancy	Maurine	AALVIK	Female	January 27, 1999

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo. Day. Yr.)	8. BIRTHPLACE (City State or Foreign Country)	8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	9. COUNTY OF DEATH
68			01/09/1931	Hood River, OR	No	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG PHYSICIAN 4 ☐ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE)	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Vancouver	South West Washington Medical Center	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary-Secondary (0-12)	College (1-4 or 5+)
Divorced		531-28-5271	12	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Homemaker	Own Home	No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY, TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO	26. STATE	27. ZIP CODE
Cloverdale Avenue	Carson	Yes	Skamania	20yrs	WA	98648

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Abe Unknown Meresse	Eva Unknown Houston

INFORMANT

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Erik Aalvik	6185 N.E. Ostrum Drive	Hillsboro	OR	97124

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo. Day. Yr.)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY, TOWN, STATE
Cremation	01/28/1999	Wilhelm Crematory	Portland, Oregon

36. FUNERAL DIRECTOR SIGNATURE X

37. NAME OF FACILITY: Oregon Cremation Company

38. ADDRESS OF FACILITY: 1634 SE Claybourne Ave. Portland Oregon 97202

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 Lewis Steinberg MD Attending Osteopath

40. DATE SIGNED (Mo. Day. Yr.): 1/28/99

41. HOUR OF DEATH (24 Hrs.): 3:05am

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Lewis Steinberg, M.D. 503 NE 87th Ave Vancouver, WA 98664

49. ME/CORONER FILE NUMBER

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Advanced breast cancer	4 months
DUE TO, OR AS A CONSEQUENCE OF:	b.	
DUE TO, OR AS A CONSEQUENCE OF:	c. Gary H. Martin, Skamania County Assessor Date 11-15-99 Parcel # 03082044040000	
DUE TO, OR AS A CONSEQUENCE OF:	d. NO	

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): No

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 BLDG, ETC. (Specify)	59a. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only): ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62. REGISTRAR SIGNATURE: X Kurt R. Steingart, MD

63. DATE RECEIVED (Mo. Day. Yr.): JAN 28 1999

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DCH 01-003 (5/96)

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SKAMANIA COUNTY
FILED
JUN 28 1999
LORENA E. HOLLIS, CLERK
DEPUTY

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

FOR SKAMANIA COUNTY

In Probate

In the Matter of the Estate

of

NANCY M. AALVIK,

Deceased.

No. 99-4-00016-1

LETTERS OF ADMINISTRATION
RCW 11.28.140

STATE OF WASHINGTON)
) ss.
County of Skamania)

WHEREAS, Nancy M. Aalvik died intestate on January 27, 1999, leaving at the time of her death, property in this state subject to administration.

NOW, THEREFORE, know all men by these presents, that we do hereby appoint Yvette M. McCartney administrator upon said estate, and whereas said administrator has duly qualified, hereby authorize her to administer the same according to law.

WITNESS my hand and seal of said court this 28th day of June, 1999.

Lorena E. Hollis
SUPERIOR COURT CLERK
By Sharon K Vance, Deputy Clerk

Sharon K Vance

State of Washington
County of Skamania } SS

I, Lorena E. Hollis, County Clerk of the Superior Court of Skamania County, Washington, DO HEREBY CERTIFY that this instrument, consisting of 1 page(s), is a true and correct copy of the original now on file and of record in my office and, as County Clerk, I am the legal custodian thereof.

Signed and sealed at Stevenson, Washington

this date: Lorena E. Hollis

LORENA E. HOLLIS, County Clerk

BY Sharon K Vance, Deputy

LETTERS OF ADMINISTRATION
RCW 11.28.140 - 1

Portland1-1175106.1 0044954-00001