139146

BOOK 202 PAGE 620

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

SEP 15 2 41 PM '00
P Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Vernon Warner

Address PO BOX 28

City/State Glennwood WA. 98619

SGR 2.3538

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. WARNER L. GEORGIA
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
21077
SEP 15 2000
PAID Exempt
SKAMANIA COUNTY TREASURER

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

Gary H Martin, Skamania County Assessor
Date 9/15/2000 Parcel # 4-7-26-1-300

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

NE 1/4 SEC 26 T4N R7E

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 04-07-26-1-0-0300-00

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.*

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CERTIFICATION OF VITAL RECORD

HEALTH DIVISION
Vital Records Unit

009
Local File Number

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OREGON STATE HEALTH DIVISION
CERTIFICATE OF DEATH
VITAL STATISTICS SECTION

State File Number

DECEDENT

1. NAME: First Georgia Middle L. Last WARNER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Jan. 9, 1991
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 82
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Iola, KS
7. DATE OF BIRTH (Month, Day, Year): Aug. 30, 1908
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Valley Vista Care Center
8c. CITY, TOWN, OR LOCATION OF DEATH: The Dalles
8d. COUNTY OF DEATH: Wasco
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner/Operator
10b. KIND OF BUSINESS/INDUSTRY: Service/Gas Station
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Vernon M.
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Carson
13d. STREET AND NUMBER: MP 8.63R Star Route
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98610
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: William - Hoyle
18. MOTHER - NAME first middle maiden: Minnie - Ard

REGISTRAR

19. INFORMANT - NAME and relationship to deceased: Vernon Warner, Husband
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Wind River Cemetery
20c. LOCATION - City or Town, State: Carson, WA
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. Vierick
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): January 17, 1991
24. REGISTRAR'S SIGNATURE: Cheryl A. Thornton, deputy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1845 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ 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): Thomas A. Nichol
30. DATE SIGNED (Month, Day, Year): 1/14/91
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Thomas A. Nichol, M.D. 1825 E. 19th Suite 2 The Dalles, OR 97058
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year): COUNTY

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

34. 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.

PART I
(a) Carcinoma of Mandibular
DUE TO, OR AS A CONSEQUENCE OF:
(b) Metastatic Gall Bladder Carcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(c)

Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED January 17, 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Not Official Copy

Beginning at a point on the line between the East Half and the West Half of the Northeast Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian in the County of Skamania, State of Washington, which is 65 feet South of the Northeast corner of the Northwest Quarter of the Northeast Quarter of the said Section 26; thence South on the line between the East 1/2 and the West 1/2 of the Northeast Quarter of the said Section 26 a distance of 235 feet; thence West 187 feet; thence North 235 feet; thence East 187 feet to the point of beginning;

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AFFIDAVIT
Lack of Probate

State of Washington

County of Skamania

Vernon Mike Warner, being first duly sworn, deposes and says:

1. The undersigned affiant is the husband (relationship to decedent) of Georgia (decedent) Warner, who died Jan 9th 1991 (date of death) (year) at The Dalles (city) State of Oregon, then being a legal resident of Carson (city) Skamania (county), Wash (state).

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

[ ] Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

[✓] Decedent left no last Will.

[ ] Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

[ ] Decedent left a Will which was probated in _____ County, State of _____. A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

(full name)	(age)	(relationship)	(residence)
None			

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HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
None			
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:
yes.

5. The decedent [ ] had [ ] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
no

6. As of the date of death, the value of all community property of the decedent was approximately $ 5,000. The value of all separate property of the decedent was approximately $ None.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

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THIS AFFIDAVIT IS MADE TO INDUCE *FIRST AMERICAN TITLE INSURANCE COMPANY* (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Vernon Mike Warner
Affiant's Full Name

Date

Affiant's Full Name

Date

STATE OF WASHINGTON, }
} ss.
COUNTY OF Skamania }

On this day personally appeared before me Vernon Warner to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 5 day of September, 20 00

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 9-13-03

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