

139802

BOOK 204 PAGE 865

RETURN ADDRESS:

Joan Penners
7606 Michigan St.
Vancouver, WA 98664

FILED FOR RECORD
SKAMANIA CO. WASH
BY Joan Penners

Dec 1 3 01 PM '00
P. Larry
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Letters of Administration
2. Death Certificate
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Gardner, Michael L.
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Gardner, Joan A.
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter: Quarter)

SE 4 SW 4 SW 4 NW 4 Section 6 T1N R6E W2

REAL ESTATE EXCISE TAX

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

21221
DEC 01 2000

PAID *[Signature]*
SKAMANIA COUNTY TREASURER

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

1-6-6-315

1-6-6-315
12-1-00
GMM

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers on Page _____ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

IN THE MATTER OF THE ESTATE OF)

MICHAEL L. GARDNER,
Deceased)

No. 80-4 00406 0

LETTERS OF ADMINISTRATION

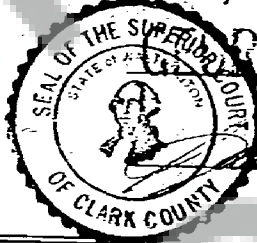
WHEREAS, Michael L. Gardner late of Clark County
Washington on the 4th day of May A. D. 1980, died
intestate, leaving at the time of his death property in this state subject to administration:

NOW, THEREFORE, Know all men by these presents, that we do hereby appoint Joan A. Gardner
personal representative
~~personal representative~~ upon said estate, and whereas said
personal representative
~~personal representative~~ has duly qualified, hereby authorize Joan A. Gardner
to administer the same according to law.

WITNESS my hand and the seal of said Court this 10th day of November 1980

OFFICIAL
SEAL
FILED
NOV 10 1980

George J. Miller, Clerk, Clark Co.



GEORGE J. MILLER
Clerk of said Superior Court
Andrew S. Cron
Deputy

STATE OF WASHINGTON } ss.
COUNTY OF CLARK

CERTIFICATE OF TRANSCRIPT AND RECORDING

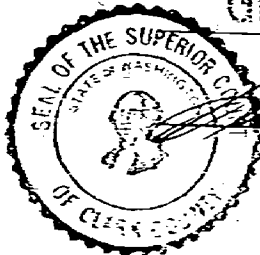
I, GEORGE J. MILLER, County Clerk and Clerk of the above entitled Court,
do hereby certify that the foregoing letters of administration have been by me duly recorded as required by law,
and that the above LETTERS OF ADMINISTRATION is a true and correct copy of the original on file and
recorded in this office, and that the same are still of full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and official Seal of the above entitled Court
this 10th day of November 1980

COPY
ORIGINAL FILED

NOV 10 1980

GEORGE J. MILLER
Clerk, Clark Co.



GEORGE J. MILLER

Clerk of said Superior Court

Andrew S. Cron
Deputy

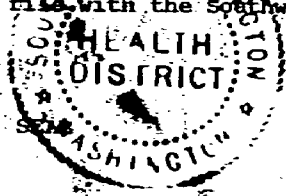
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WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

TYPE, OR PRINT IN PERMANENT INK *m-1* LOCAL FILE NUMBER *352m* CERTIFICATE OF DEATH STATE FILE NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Michael L. Gardner		Male	May 4, 1979
2. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	AGE—LAST BIRTHDAY (MONTH, DAY, YEAR)	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
White	23	10/24/1950	Clark
3. CITY, TOWN, OR LOCATION OF DEATH	4. YES OR NO SPECIFY YES OR NO	5. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT AN INPATIENT, GIVE STREET AND NUMBER)	
Vancouver	Yes	St. Joseph Community Hospital	
6. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	7. CITIZEN OF WHAT COUNTRY	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	9. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)
Oregon	U.S.A.	Married	Joan McFavish
10. SOCIAL SECURITY NUMBER	11. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	12. KIND OF BUSINESS OR INDUSTRY	
540-54-4318	Electronic Engineer		
13. RESIDENCE—STATE	14. COUNTY	15. CITY, TOWN, OR LOCATION	16. INSIDE CITY LIMITS (SPECIFY YES OR NO)
Washington	Clark	Vancouver	NO
17. FATHER—NAME FIRST MIDDLE LAST		18. MOTHER—MAIDEN NAME FIRST MIDDLE LAST	19. STREET AND NUMBER
Clayton J. Gardner		Betty J. Hansen	13501 S.E. 23rd St.
20. INFORMANT—NAME		21. MAKING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
Joan Gardner		13501 S.E. 23rd St., Vancouver, WA 98661	
22. PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) Myocardial Infarction			
(b) Aspiration			
(c)			
23. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE FOR DEATH, STATING THE UNDERLYING CAUSE LAST			
24. PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
25. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			
26. INJURY AT WORK (SPECIFY YES OR NO)			
27. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			
28. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
29. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			
30. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			
31. CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE			
James P. Scarborough			
32. MAKING ADDRESS—CERTIFY STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
3305 Main St. Vancouver, Washington 98661			
33. MARRIAGE, CREMATION, REMOVAL (SPECIFY)			
34. DATE (MONTH, DAY, YEAR)			
35. FUNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
Hamilton-Fran F.H., 302 W. 11th St., Vancouver, WA 98660			
36. REGISTRAR—SIGNATURE DATE RECEIVED AT LOCAL REGISTRAR			
37. DATE RECEIVED AT LOCAL REGISTRAR			

THIS IS TO CERTIFY that the foregoing is a true copy (photographic) of a record on file with the Southwest Washington Health District, Vancouver, WA.



SEP 11 1981

Robert D. Thornton, M.D.
District Health Officer

By *Juanita Gaul*