139802

BOOK 204 PAGE 865

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SKAMANIA CO. WASH
BY Joan Penners

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O Lowry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Joan Penners
7606 Michigan St.
Vancouver, WA 98664

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)

SE4 SW4 SW4 NW4 Section 6 T1N R6EWM

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

_____
_____
_____

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

1-6-6-315

☐ Property Tax parcel ID is not yet assigned.
☐ Additional Parcel Numbers on Page _____ of Document.

1-6-6-315
12-1-00
GW

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.

REAL ESTATE EXCISE TAX

21221

DEC 01 2000

PAID _____

SKAMANIA COUNTY TREASURER

BOOK 204 PAGE 866

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. 19 80, 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 upon said estate, and whereas said 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
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
Deputy

BOOK 204 PAGE 867

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

DECEASED—NAME (FIRST, MIDDLE, LAST): 1. Michael L. Gardner
SEX: 2. Male
DATE OF DEATH (MONTH, DAY, YEAR): 3. May 4, 1979
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): 4. White
AGE—LAST BIRTHDAY (YEARS): 5a. 23
UNDER 1 YEAR (MOS., DAYS): 5b.
UNDER 1 DAY (HOURS, MIN.): 5c.
DATE OF BIRTH (MONTH, DAY, YEAR): 6. 10/24/1950
COUNTY OF DEATH: 7a. Clark
CITY, TOWN, OR LOCATION OF DEATH: 7b. Vancouver
INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. Yes
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7d. St. Joseph Community Hospital
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): 8. Oregon
CITIZEN OF WHAT COUNTRY: 9. U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. Married
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 11. Joan McTavish
SOCIAL SECURITY NUMBER: 12. 540-54-4318
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 13a. Electronic Engineer
KIND OF BUSINESS OR INDUSTRY: 13b. ----
RESIDENCE—STATE: 14a. Washington
COUNTY: 14b. Clark
CITY, TOWN, OR LOCATION: 14c. Vancouver
INSIDE CITY LIMITS (SPECIFY YES OR NO): 14d. No
STREET AND NUMBER: 14e. 13501 S.E. 23rd St.
FATHER—NAME (FIRST, MIDDLE, LAST): 15. Clayton J. Gardner
MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): 16. Betty J. Hansen
INFORMANT—NAME: 17a. Joan Gardner
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 17b. 13501 S.E. 23rd St., Vancouver, W. 9866?

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]
18. IMMEDIATE CAUSE
(a) Cardiorespiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) Aspiration
DUE TO, OR AS A CONSEQUENCE OF:
(c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Carcinoma of the tongue [illegible]
AUTOPSY (YES OR NO): 19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): 20a.
DATE OF INJURY (MONTH, DAY, YEAR): 20b.
HOUR: 20c. M.
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): 20d.
INJURY AT WORK (SPECIFY YES OR NO): 20e.
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): 20f.
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 20g.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a. TO (MONTH, DAY, YEAR) 21b. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21c.
I DID/DID NOT VIEW THE BODY AFTER DEATH: 21d.
DEATH OCCURRED (HOUR): 21e. 5:20pm AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH 22a. M.
THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): 22b. M.
CERTIFIER—NAME (TYPE OR PRINT): 23a. James P. Scarborough
SIGNATURE: 23b. [signature]
DEGREE OR TITLE: M.D.
DATE SIGNED (MONTH, DAY, YEAR): 23c. 5/7/1979
MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 23d. 3305 Main St. Vancouver, Washington 98663
BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Removal
CEMETERY OR CREMATORY—NAME: 24b. University of Oregon School of Medicine
LOCATION (CITY OR TOWN, STATE): 24c. Portland, Oregon
DATE (MONTH, DAY, YEAR): 24d. 5/?/1979
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 25a. Hamilton-Mylan F.H., 302 W. 11th St., Vancouver, WA. 98660
FUNERAL DIRECTOR—SIGNATURE: 25b. [signature]
REGISTRAR—SIGNATURE: 26a. [signature]
DATE RECEIVED BY LOCAL REGISTRAR: 26b. MAY 8 1979

DSHS A-181 (REV. 7/78)

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.

SOUTHWEST WASHINGTON HEALTH DISTRICT SEAL

SEP 11 1981

[signature]
Robert D. Thornton, M.D.
District Health Officer

By [signature]