

141702

BOOK 212 PAGE 402

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SKAMANIA CO. WASH  
BY SKAMANIA CO. TRS

141702

JUL 17 11 23 AM '01  
CHASLER  
AUDITOR  
GARY H. OLSON

**AFTER RECORDING RETURN TO:**

Name: JUDITH L. JONES  
Address: 61 MARSH MEADOW ROAD  
City/State: UNDERWOOD WA, 98651  
*JR 24058*

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

Grantor(s): (Last name first, then first name and initials)

1. JONES, GARY ROSS
- 2.
- 3.
- 4.

Additional names on page \_\_\_\_ of document

Grantee(s): (Last name first, then first name and initials)

1. THE PUBLIC
- 2.
- 3.
- 4.

Additional names on page \_\_\_\_ of document

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

*SE 1/4 of Sec 15, T3N, R10E*

Complete legal description is on page 3 of document

Assessor's Property Tax Parcel/Account Number(s):

03-10-15-0-0-1803-00 *21*

|            |  |
|------------|--|
| Registered |  |
| Indexed    |  |
| Filed      |  |
| Recorded   |  |

REAL ESTATE EXCISE TAX

*21643*

JUL 17 2001

PAID *Chasler*  
*G. H. Olson*  
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

5207  
LOCAL FILE NUMBER

Health  
CERTIFICATE OF DEATH

146 5 26680  
BOOK 202 STATE FILE NUMBER PAGE 403

|  |  |  |   |   |
|--|--|--|---|---|
| 1 NAME<br>First Middle Last<br>Gary Ross JONES   |  |  | 2 SEX (M/F)<br>Male   | 3 DEATH DATE (Mo, Day, Yr)<br>June 10, 1995   |
| 4 AGE LAST BIRTH DAY (Yr)<br>53  | 5 UNDER 1 YEAR<br>MOSE   | 6 UNDER 1 DAY<br>HOURS MINS  | 7 BIRTH DATE (Mo, Day, Yr)<br>April 11, 1942  | 8 BIRTH PLACE (City, State or Foreign Country)<br>Hood River, Or.   |
| 11 CITY, TOWN OR LOCATION OF DEATH<br>White Salmon   |  |  | 12 PLACE OF DEATH - BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br>1 A HOME 2 B IN TRANSPORT 3 C BIRING IN/OUT PORT 4 D HOSP 5 E IN HOME 6 C OTHER PLACE<br>Skyline Hospital |   |
| 14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br>Married   |  | 15 SURVIVING SPOUSE (if wife give maiden name)<br>Judith L. Logan  |   | 16 SOCIAL SECURITY NO.<br>543-40-3867   |
| 18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)<br>Millwright   |  | 19 FND OF BUSINESS OR INDUSTRY<br>Hanel Lumber Co.   |   | 20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)<br>No |
| 22 RESIDENCE - NUMBER AND STREET<br>61 Marshmeadow Rd.   |  | 23 CITY/TOWN OR LOCATION<br>Underwood  | 24 INSIDE CITY LIMITS? (Yes/No)<br>No   | 25 COUNTY<br>Skamania   |
| 28 FATHER'S NAME - FIRST, MIDDLE, LAST<br>Elmer Libby Jones  |  | 29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME<br>Viola Elizabeth Smith  |   |   |
| 30 INFORMANT - NAME<br>Judith L. Jones   |  | 31 MAILING ADDRESS<br>61 Marshmeadow Rd., Underwood, Wa. 98651   |   |   |
| 32 BURIAL CREMATION REMOVAL, OTHER (Specify)<br>Rem./Burial  |  | 33 DATE (Mo, Day, Yr)<br>6-16-1995   | 34 CEMETERY/CREMATORIUM - NAME<br>Pine Grove Cemetery   |   |
| 36 FUNERAL DIRECTOR SIGNATURE<br><i>[Signature]</i>  |  | 37 NAME OF FACILITY<br>Anderson Funeral Home   |   |   |
| 38 LOCATION - CITY/TOWN, STATE<br>Hood River, Oregon   |  | 39 ADDRESS OF FACILITY<br>1401 Belmont Rd.<br>Hood River, Oregon 97031   |   |   |
| 40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED<br>SIGNATURE AND TITLE<br><i>[Signature]</i><br>X  |  | 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<br>SIGNATURE AND TITLE<br>X |   |   |
| 44 DATE SIGNED (Mo, Day, Yr)<br>6/13/95  |  | 41 HOUR OF DEATH (24 Hrs)<br>6:48 P.M.   |   | 45 DATE SIGNED (Mo, Day, Yr)  |
| 42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 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)<br>Dr. Raymond Fitzsimmons MD., P.O. Box 1519, White Salmon, Wa. 98672   |  | 49 ME/CORONER FILE NUMBER  |   |   |
| 50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.  |  |  |   |   |
| IMMEDIATE CAUSE (Final cause of condition resulting in death)<br>DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.<br>Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. |  | A. Colon Cancer<br>DUE TO, OR AS A CONSEQUENCE OF  |   | INTERVAL BETWEEN ONSET AND DEATH<br>months  |
|  |  | 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   |  |  |   |   |
| 54 ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)   | 55 INJURY DATE (Mo, Day, Yr)   | 56 HOUR OF INJURY (24 Hrs)   | 57 TYPE OF INJURY OCCURRED  | 53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO  |
| 58 INJURY AT WORK? (Yes/No) No   | 59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (Specify) |  |   |   |
| 61 RECORD AMENDMENTS (Registrar Use Only)<br>REVIEWED BY DATE  |  | 62 REGISTRAR SIGNATURE<br><i>[Signature]</i>   |   | 63 DATE RECEIVED (Mo, Day, Yr)<br>JUN 15 1995   |

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DDH 110-008 (Rev 7/81) (Formerly DSHS 9-100) DDH 01-003 (5-95)

### DECLARATION OF SUCCESSION TO COMMUNITY PROPERTY

State of Washington  
County of Klickitat

I, Judith L. Jones, residing at 61 Marsh Meadow Road, Underwood WA 98651, being first duly sworn, depose and say:

1. Gary R. Jones died intestate in White Salmon WA, on 6/10/95.

2. The sole surviving heirs at law of said deceased, and their relationship to said decedent are as follows:

| NAME                          | RELATIONSHIP     |
|-------------------------------|------------------|
| Judith L. Jones               | SURVIVING SPOUSE |
| <u>Gary Daniel Jones</u>      | <u>son</u>       |
| <u>Sherry Todd Jones</u>      | <u>son</u>       |
| <u>Christopher Lynn Jones</u> | <u>son</u>       |

3. The following property was held jointly between the decedent and the surviving spouse, as community property:

That portion of the Southeast quarter of the Southeast quarter of Section 15, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southwest corner of the Southeast quarter of the Southeast quarter of said Section 15; thence North 00 degrees 24' East 890 feet along the West line of said subdivision; thence South 00 degrees 24' West along said West line 280.5 feet; thence North 89 degrees 43' East 233 feet to the true point of beginning; thence continuing North 89 degrees 43' East 233 feet; thence South 00 degrees 24' West 187 feet; thence South 89 degrees 43' West 233 feet; thence North 00 degrees 24' East 187 feet to the true point of beginning.

Also known as Lot 3 of Wilbur H. and Patricia Marsh Short Plat recorded March 29, 1977 in Book 1 of Short Plats at Page 65, records of Skamania County, Washington. Gary H. Martin, Skamania County Assessor

Date 7/17/01 Parcel # 3-10-15-1803

- The surviving spouse is entitled to all of the community property described above.
- The expenses of the last illness and burial of the decedent and all other claims against the decedent's estate have been settled and paid in full.
- There are no federal estate taxes due or Washington inheritance taxes due.
- The purpose of this affidavit is to induce Skamania County Title Company to issue a Title Insurance Policy without requiring a probate of the decedent's estate.
- I, by my signature hereto, agree to indemnify and hold harmless Skamania Title Company of any and all liability, obligations, expenses, legal fees or litigation costs which it may incur as a result of a falsity or inaccuracy of any statement contained in this affidavit.

Dated this 11th day of JULY, 2001.

Judith L. Jones  
Judith L. Jones

Subscribed and sworn to before me this 11 day of July, 2001.

Wendy Holtmann  
WENDY HOLTSMANN  
Notary Public for Washington  
Residing at White Salmon, WA  
My Commission Expires: 11/19/2002

