142264

BOOK 214 PAGE 548

FILED FOR RECORD
SKAMANIA CO. WASH
BY Scott Long
SEP 7 4 48 PM '01
P Lawry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Scott B Long
1581 NW 12th Terrace
Portland, OR 97229

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Wauna Lake Club Lease Certificate
2. Death Certificate
3.
4.

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

1. Long, George B Sr. Trustee
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

1. Long, Scott B. Trustee
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

Cabin Site 35 Wauna Lake Club

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

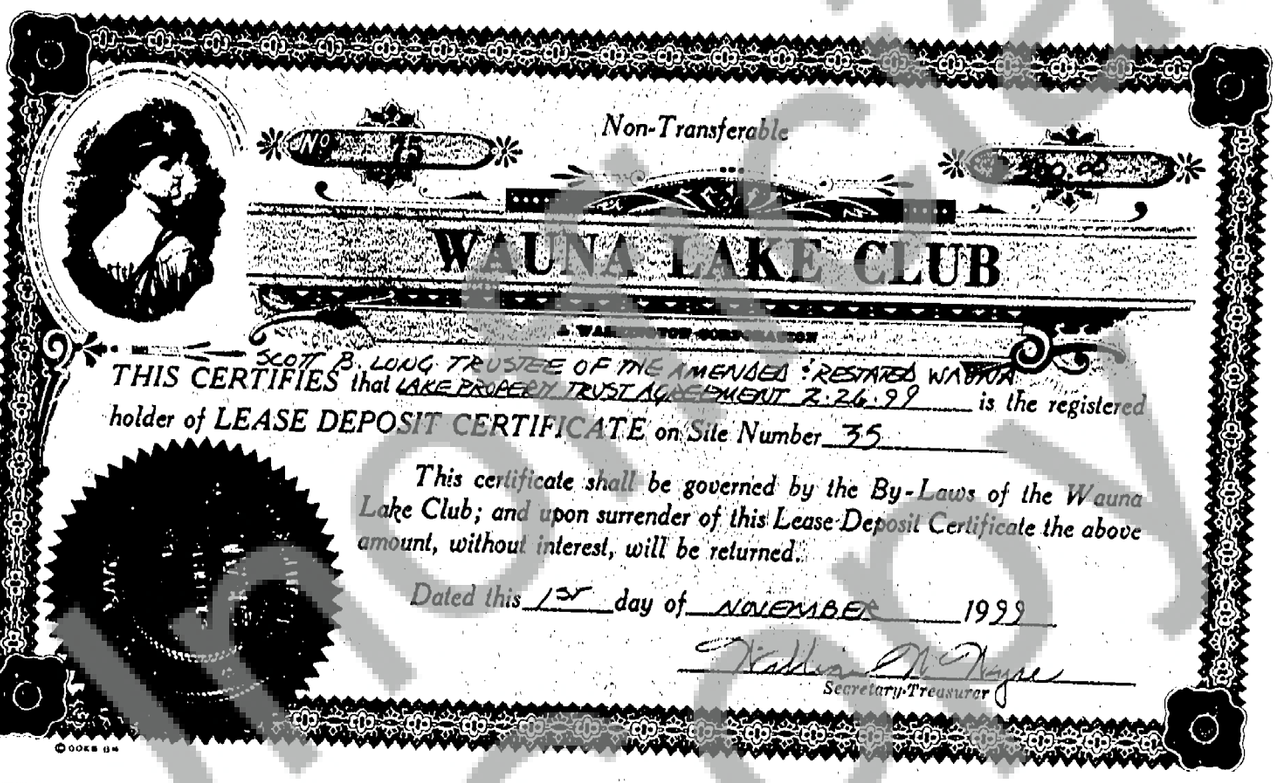
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

32-7-15-6-0-1535-00

☐ 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.

(7)



Non-Transferable

No 15

WAUNA LAKE CLUB

A WASHINGTON NON-PROFIT CORPORATION

THIS CERTIFIES that SCOTT B. LONG TRUSTEE OF THE AMENDED & RESTATED WAUNA LAKE PROPERTY TRUST AGREEMENT 2.26.99 is the registered holder of LEASE DEPOSIT CERTIFICATE on Site Number 35

This certificate shall be governed by the By-Laws of the Wauna Lake Club; and upon surrender of this Lease Deposit Certificate the above amount, without interest, will be returned.

Dated this 1ST day of NOVEMBER 1999

Secretary-Treasurer

© OOKS 84

BOOK 214 PAGE 549

CERTIFICATION OF VITAL RECORD

BOOK 214 PAGE 550

TYPE OR PRINT IN PERMANENT BLACK INK

298240 — I.D. 143 NO.

02403 — Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- — State File Number

1. DECEDENT'S NAME: George (First) Beck (Middle) LONG (Last)
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 7, 2000
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 87
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Eureka, Montana
7. DATE OF BIRTH (Month, Day, Year): April 26, 1913
8. 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): Providence Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Portland
8d. COUNTY OF DEATH: Multnomah
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Physician
9b. KIND OF BUSINESS/INDUSTRY: Private Practice
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Specify): Married
12. SPOUSE (If married, widowed or divorced): Ethel M.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN, OR LOCATION: Portland
13d. STREET AND NUMBER: 2545 S.W. Terwilliger Blvd #1205
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97201
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes
15. RACE (American Indian, Black, White, etc. (Specify)): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 5+
17. FATHER - NAME (First, Middle, Last): Franklin Anthony A Long
18. MOTHER - NAME (First, Middle, Maiden): Ethel Beck
19. INFORMANT - NAME and relationship to deceased: Ethel M. Long - wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Entombment ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Killingsworth Chimes Crematory
20c. LOCATION (City or Town, State): Portland, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. OREGON LICENSE NO. (Or License): 0343
22. NAME, ADDRESS AND ZIP OF FACILITY: Little Chapel of the Chimes, 430 N Killingsworth, Ptld, OR 97217
23. DATE FILED (Month, Day, Year): MAY 12 2000
24. REGISTRAR'S SIGNATURE: [signature]
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:15 A.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): [signature] M.D.
30. DATE SIGNED (Month, Day, Year): 5/11/00

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH
27b. 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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): John Keppel, M.D. 507 N.E. 47th Avenue Portland, Oregon 97215
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) (Type or Print)

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest)
PART I
(a) Neurologic Coma — Interval between onset and death: 24hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Progressive Dementia (Alzheimers) — Interval between onset and death: 2yrs
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART I: Congestive Heart Failure
37. Did tobacco use contribute to the death? ☐ Yes ☒ Probably ☐ No ☐ Unknown
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 ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
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)

CAUSE OF DEATH INSTRUCTIONS On Reverse Side Of Green And Pink Copy

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev 11/98

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: MAY 24 2000

Lila Wickham RN MS
LILA WICKHAM RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

BOOK 214 PAGE 550

TYPE OR PRINT IN PERMANENT BLACK INK

298240
ID TAG NO
02403
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-
State File Number

1. DECEDENT'S NAME: George	Middle: Beck	Last: LONG	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): May 7, 2000	
4. SOCIAL SECURITY NUMBER: 353-07-8769	5a. AGE (Last Birthday) (Years): 87	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Eureka, Montana	7. DATE OF BIRTH (Month, Day, Year): April 25, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☑ Yes ☐ No	9a. PLACE OF DEATH (Check only one): ☐ Hospital ☐ ER/Outpatient ☐ DOA ☐ Other: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): Providence Medical Center	9c. CITY, TOWN, OR LOCATION OF DEATH: Portland	9d. COUNTY OF DEATH: Multnomah			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Physician	10b. KIND OF BUSINESS/INDUSTRY: Private Practice	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced, (Specify)): Married	12. SPOUSE (If Married, Widowed, Divorced): Ethel M.		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Multnomah	13c. CITY, TOWN, OR LOCATION: Portland	13d. STREET AND NUMBER: 2545 S.W. Terwilliger Blvd #1205		
13e. INSIDE CITY LIMITS? ☑ Yes ☐ No	13f. ZIP CODE: 97201	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, Filipino, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12):	College (1-4 or 5+): 5+
17. FATHER - NAME: First: Franklin Middle: Asbury Last: Long	18. MOTHER - NAME: First: Ethel Middle: Last: Beck	19. INFORMANT - NAME and relationship to deceased: Ethel M. Long - wife			
20a. METHOD OF DISPOSITION: ☐ Burial ☑ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Killingsworth Chimes Crematory	20c. LOCATION - City or Town, State: Portland, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. OREGON LICENSE NO. OF LICENSEE: 0345	22. NAME, ADDRESS AND ZIP OF FACILITY: Little Chapel of the Chimes 430 N Killingsworth Ptld, OR 97217			
23. DATE FILED (Month, Day, Year): MAY 12 2000	24. REGISTRAR'S SIGNATURE: [signature]				
RESERVED FOR REGISTRAR'S USE:					

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:15 A.M.	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No		
29. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. (Signature): [signature]		30. DATE SIGNED (Month, Day, Year): 5/11/00	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): John Keppel, M.D. 507 N.E. 47th Avenue Portland, Oregon 97215			

TO BE COMPLETED BY MEDICAL EXAMINER

32. TIME OF DEATH: M	33. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M		
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		

34. NAME, TITLE, ADDRESS AND ZIP OF DEPUTY MEDICAL EXAMINER (Type or Print):

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

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) Do not abbreviate. Enter e.g. Cardiac or Respiratory Arrest.

PART I a.	Neurologic Coma	Interval between onset and death: 24hrs
DUE TO, OR AS A CONSEQUENCE OF: b.	Progressive Dementia (Alzheimers)	Interval between onset and death: 2yrs
DUE TO, OR AS A CONSEQUENCE OF: c.		Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Congestive Heart Failure

37. Did tobacco use contribute to the death? ☐ Yes ☑ Probably ☐ No ☐ Unknown	38. AUTOPSY: ☐ Yes ☑ No	39. If YES was findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/C			
40. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Could not be determined ☐ Homicide ☐ Legal Intervention ☐ Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY: M	41c. INJURY AT WORK? ☐ Yes ☐ No	41d. DESCRIBE HOW INJURY OCCURRED	
DEGREE OF BIRTH INFORMATION ON REVERSE SIDE OF ORIGINAL AND THIS COPY	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 11/98

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: MAY 2 4 2000

Lila Wickham PN, MS
LILA WICKHAM PN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT IMPAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

32 7 15 1535
9-7-01
Gilbert

REAL ESTATE EXCISE TAX
21755
SEP 10 2001
PAID Exempt
[signature]
SKAMANIA COUNTY TREASURER

389487