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SKAMANIA CO. WA
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P. Lowry
J. MICHAEL E. JOHNSON

AFTER RECORDING MAIL TO:

Name John Talbot Denne

Address PO Box 254

City/State Carson, WA 98610

SCA 25223

Document Title(s): (or transactions contained therein)

1. Death Certificate
2. Affidavit
- 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. Denne, Irene M.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Denne, John Talbot
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
NW 1/4 of S26, T4, R7E

Gary H. Martin, Skamania County Assessor
Date 11/26/02 Parcel # 4-7-26-2-600

☐ Complete legal description is on page 6 of document

Assessor's Property Tax Parcel / Account Number(s): 04-07-26-2-0-0600-00

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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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

18578

TYPE, OR PRINT IN
PERMANENT INK

DI

LOCAL FILE NUMBER

45

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED
USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

1. DECEASED—NAME FIRST MIDDLE LAST IRENE M. DENNE		2. SEX Female	3. DATE OF DEATH (MONTH, DAY, YEAR) August 19, 1979
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	5. AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS) 90	6. DATE OF BIRTH (MONTH, DAY, YEAR) 3-20-1889	7. COUNTY OF DEATH Klickitat
8. CITY, TOWN, OR LOCATION OF DEATH Goldendale	9. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Mt. Adams Convalescent Center	
11. STATE OF BIRTH (IF NOT IN U.S.A., NAME (COUNTRY)) England	12. CITIZEN OF WHAT COUNTRY U.S.A.	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) None
15. SOCIAL SECURITY NUMBER T	16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Homemaker	17. KIND OF BUSINESS OR INDUSTRY Own Home 3109	
18. RESIDENCE—STATE Washington	19. COUNTY Skamania	20. CITY, TOWN, OR LOCATION Carson	21. INSIDE CITY LIMITS (SPECIFY YES OR NO) No
22. STREET AND NUMBER Star Route			

PARENTS

23. FATHER—NAME FIRST MIDDLE LAST John Talbot	24. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Hames, Adeliade C. Talbot
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INFORMANT

25. NAME John Denne, Son	26. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Box 254 Carson, Washington 98610
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PART I

27. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
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CAUSE

28. (a) IMMEDIATE CAUSE cachexia	29. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH months
30. (b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	31. (c) chronic brain syndrome, severe
32. (c) DUE TO, OR AS A CONSEQUENCE OF	33. years

PART II

34. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		35. AUTOPSY (YES OR NO) No	36. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH No
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ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

37. DATE OF INJURY (MONTH, DAY, YEAR) 6-15-77	38. HOUR 20	39. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, PAGE 18)
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INJURY AT WORK (SPECIFY YES OR NO)

40. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20	41. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20
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CERTIFICATION—PHYSICIAN

42. MONTH DAY YEAR 6-15-77	43. MONTH DAY YEAR 8-19-79	44. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 7-15-79	45. I DID NOT VIEW THE BODY AFTER DEATH 21a. not	46. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE OF MY KNOWLEDGE, AND TO THE CAUSE(S) STATED 21b. 8/18/79
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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.

47. CERTIFIER—NAME (TYPE OR PRINT) 22b. Paul Pennington, MD	48. SIGNATURE 22c. [Signature]	49. RACIAL OR TITLE MD	50. DATE SIGNED (MONTH, DAY, YEAR) 8/28/79
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BURIAL, CREMATION, REMOVAL (SPECIFY)

51. Burial	52. CEMETERY OR CREMATORY—NAME Carson Cemetery	53. LOCATION Carson, Washington
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DATE (MONTH, DAY, YEAR)

54. August 24, 1979	55. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) GARDNER FUNERAL HOME, INC. White Salmon, Wn. 98672
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FUNERAL DIRECTOR—SIGNATURE

56. [Signature]	57. REGISTRAR—SIGNATURE N. Champaign	58. DATE RECEIVED BY LOCAL REGISTRAR 8-29-79
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DSHS 1-81 (REV. 3/78)



DOH B1-003 (5/58)

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

John Talbot Denne, being first duly sworn, deposes and says:

1. The undersigned affiant is the Son of William Denne
(relationship to decedent) (decedent)
Irene Denne, who died May 10, 1969 at Carson
(date of death) (year) (city)
 State of Washington, then being a legal resident of Carson
Skamania, Washington
(county) (state) (city)

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:

<u>N/A</u>			
<small>(full name)</small>	<small>(age)</small>	<small>(relationship)</small>	<small>(residence)</small>

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
(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:
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.
6. As of the date of death, the value of all community property of the decedent was approximately \$. The value of all separate property of the decedent was approximately \$.
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.

John Talbot Denne
Affiant's Full Name

Nov 15
Date
2002

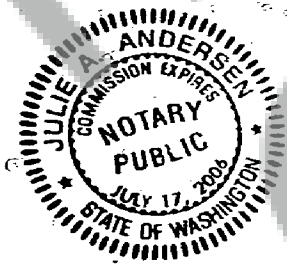
Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania) ss.

On this day personally appeared before me John Talbot Denne 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 15th day of November, 2002



Julie A. Andersen
Notary Public in and for the State of
Washington, residing at Carson
My appointment expires 7-17-2006

PARCEL II

A tract of land in the Northwest Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Commencing at the intersection of the Northerly line of the Hemlock Road with the Southerly line of the Little Soda Springs Road in said Section 26, the said point being approximately 400 feet South and 30 feet West of the Northeast corner of the East Half of the West Half of the Northeast Quarter of the Northwest Quarter of said Section 26; thence West along the Northerly line of said Hemlock Road a distance of 100 feet; thence Northerly at right angle to the Northerly line of said road a distance of 175 feet, more or less, to the Southerly line of said Little Soda Springs Road; thence Southeasterly along the Southerly line of the Little Soda Springs Road to the point of beginning.