

148514

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FILED  
SANDY WASH  
BY Thelma Snodgrass

APR 28 9 20 AM '03  
Amoser

J. HICKMAN CLERK

Return Address:

Thelma Snodgrass  
751 Old State Rd  
Carson, WA 98610

Document Title(s) or transactions contained herein:

Affidavit of Surviving Spouse 4.17.03  
Death Cert. 3.17.03

GRANTOR(S) (Last name, first name, middle initial)

Snodgrass, George W.

REAL ESTATE EXCISE TAX

22959

APR 23 2003

☐ Additional names on page of document.

PAID *Exempt*

GRANTEE(S) (Last name, first name, middle initial)

Snodgrass, Thelma

*Walter Clall and Deputy*  
SKAMANIA COUNTY TREASURER

☐ Additional names on page of document.

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

lot 1 as delineated on short plat in book 2 of  
short plats

☒ Complete legal on page 3 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

08-75-01-0-01002-00

☐ 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.

## AFFIDAVIT OF SURVIVING SPOUSE

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAMANIA )

THELMA LOUISE SNODGRASS being first duly sworn upon oath deposes and states as follows:

That I am a resident of the State of Washington and reside at 751 Old State Road, Carson, Washington.

That I am the surviving spouse of GEORGE WASHINGTON SNODGRASS born on August 11, 1922. Mr. Snodgrass was a resident of the State of Washington and passed away on March 11, 2003. That more than forty (40) days have elapsed since the date of his death.

That the value of the decedent's entire estate subject to probate, not including my community property interest in any asset, less liens and encumbrances, does not exceed \$60,000.00 in value.

That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

**That all the debts of the decedent, including funeral and burial expenses, have been paid.**

That the decedent's community interest in our personal property which is subject to probate is as follows:

One-half interest is a manufactured home; furniture and furnishings; a checking account; and a 1991 Oldsmobile. Washington License No. 600GGA.

That as the claiming successor I have provided written notice by mail identifying the above property to all other successors of the decedent, and that at least ten (10) days have elapsed since the mailing of such notice.



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That I am personally entitled to receive the property listed above.

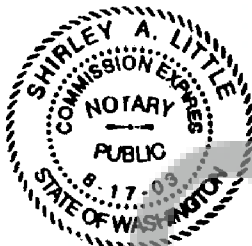
That the decedent and I, as husband and wife, held title to the following real property located  
in Skamania County, Washington:

A tract of land in the southeast quarter of the northeast quarter of Section 1,  
Township 3 North, Range 7 1/2 East of the Willamette Meridian, in the County of  
Skamania, State of Washington, described as follows: Lot 1 of the McCormick Short  
Plat recorded in Book 2 of Short Plats, Page 145, Skamania County Records.

DATED this 28<sup>th</sup> day of April, 2003.

Thelma L. Snodgrass  
THELMA LOUISE SNODGRASS

SUBSCRIBED AND SWORN to before me this 28<sup>th</sup> day of April, 2003.



Shirley A. Little  
Notary Public for the State of Washington  
Residing at Stetterson  
My commission expires 8/17/03

Gary H. Martin, Skamania County Assessor

Date 4-28-03 Parcel # 03 75 01 00 1002 00  
SRD

STATE OF WASHINGTON DEPARTMENT OF HEALTH											
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146											
STATE FILE NUMBER											
TYPE OR PRINT IN PERMANENT BLACK INK											
4											
LOCAL FILE NUMBER											
CERTIFICATE OF DEATH											
1 NAME: George Washington SNODGRASS											
2 SEX (M/F): Male											
3 DEATH DATE (Mo Day Yr): March 11, 2003											
4 AGE LAST BIRTHDAY (Yrs): 80											
5 UNDER 1 YEAR: M35											
6 UNDER 1 DAY: 1											
7 BIRTH DATE (Mo Day Yr): 8/11/1922											
8 BIRTH PLACE (City, State or Foreign Country): Walton, WV											
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes											
10 COUNTY OF DEATH: Skamania											
11 CITY/TOWN OR LOCATION OF DEATH: Carson											
12 PLACE OF DEATH: 751 Old State Rd.											
13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes											
14 MARITAL STATUS: Married											
15 SURVIVING SPOUSE (Name, Maiden Name): Thelma Jones											
16 SOCIAL SECURITY NO: [REDACTED]											
17 DECEDENT'S EDUCATION (Specify only highest grade completed): 8											
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Equipment Operator											
19 KIND OF BUSINESS OR INDUSTRY: Dam Construction											
20 WAS DECEDENT OF MEXICAN ORIGIN OR DESCENT? (Specify) (Yes/No) No											
21 RACE (Specify): White											
22 RESIDENCE - NUMBER AND STREET: 751 Old State Rd.											
23 CITY/TOWN OR LOCATION: Carson											
24 INSIDE CITY? (Yes/No) No											
25A COUNTY: Skamania											
25B LENGTH OF RES. IN CO: 13yrs											
26 STATE: WA											
27 ZIP CODE: 98610											
28 FATHER'S NAME - FIRST MIDDLE, LAST: Isaac Wesley Snodgrass											
29 MOTHER'S NAME - FIRST MIDDLE, MAIDEN SURNAME: Harriett Greenley											
30 INFORMANT - NAME: Thelma Snodgrass											
31 MAILING ADDRESS: 751 Old State Rd. Carson, WA 98610											
32 BURIAL CREMATION, REMOVAL, OTHER (Specify): Cremation											
33 DATE (Mo Day Yr): 3-13-03											
34 CEMETERY/CREMATORY NAME: Columbia River Crematory											
35 LOCATION - CITY/TOWN/STATE: White Salmon, Washington											
36 FUNERAL DIRECTOR SIGNATURE: [Signature]											
37 NAME OF FACILITY: Gardner Funeral Home											
38 ADDRESS OF FACILITY: POB 390 White Salmon, WA 98672											
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN											
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED:											
40 SIGNATURE AND TITLE: [Signature] M.D.											
41 DATE SIGNED (Mo Day Yr): 3-13-03											
42 HOUR OF DEATH (24 Hrs): 0815											
43 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): James G. Janney, III, M.D.											
44 ADDRESS OF PHYSICIAN: POB 1519 White Salmon, WA 98672											
TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER											
45 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:											
46 SIGNATURE AND TITLE: [Signature]											
47 DATE SIGNED (Mo Day Yr):											
48 HOUR OF DEATH (24 Hrs):											
49 HOUR PRONOUNCED DEAD (24 Hrs):											
50 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): James G. Janney, III, M.D. POB 1519 White Salmon, WA 98672											
51 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH											
IMMEDIATE CAUSE (Final disease or condition resulting in death): Sudden cardiac arrest											
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.											
52 INTERVAL BETWEEN ONSET AND DEATH: 13 hrs											
53 INTERVAL BETWEEN ONSET AND DEATH:											
54 INTERVAL BETWEEN ONSET AND DEATH:											
55 INTERVAL BETWEEN ONSET AND DEATH:											
56 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: TIA's, HbA1c, Diabetes, hypertension											
57 AUTOPTIC? (Yes/No) No											
58 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes											
59 ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify):											
60 INJURY DATE (Mo Day Yr):											
61 HOUR OF INJURY (24 Hrs):											
62 DESCRIBE HOW INJURY OCCURRED:											
63 INJURY AT WORK? (Yes/No)											
64 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify):											
65 LOCATION - STREET OR RD. NO., CITY/TOWN/STATE:											
66 RECORD AMENDMENT (Registrar use only):											
67 ITEM: DOCUMENTARY EVIDENCE											
68 REVIEWED BY: [Signature]											
69 DATE: 3/17/2003											
THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE OFFICIAL SEAL.											