148818

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AFTER RECORDING MAIL TO:

Name Donald D. Dingman

Address 122 Foster Road

City/State Carson, WA 98610

SEP 25711

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. Dingman, Harriet Ann
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. Dingman, Donald D.
2.
3.
4.
5. ☐ Additional names on page _____ of document

First American Title Insurance Company

(this space for title company use only)

REAL ESTATE EXCISE TAX
23006
MAY 21 2003
PAID Exempt
by deputy
SKAMANIA COUNTY TREASURER

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

Lots 17 and 18, Fosters Addition, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 33, in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 04-07-26-3-0-2003-00

Gary H. Martin, Skamania County Assessor
Date 5/21/03 4-7-26-3-2003 Parcel #

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.*

CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

B36007
ID TAG NO

000721
Local File Number

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

136-
State File Number

DECEDENT

1 DECEDENT'S NAME: First: Harriet; Middle: Ann; Last: DINGMAN
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): February 13, 2002
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE-Last Birthday (Years): 67
5b Under 1 Year: Months / Days
5c Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): Sutherland, IA
7 DATE OF BIRTH (Month, Day, Year): September 27, 1934
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ 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.): Assembler
10b KIND OF BUSINESS/INDUSTRY: Air Craft
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widow(er)): Donald Dingman
13a RESIDENCE - STATE: WA
13b COUNTY: Skamania
13c CITY, TOWN, OR LOCATION: Carson
13d STREET AND NUMBER: 122 Foster Rd.
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 98610
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, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17 FATHER - NAME: First: Charles; Middle: J.; Last: Waggoner
18 MOTHER - NAME: First: Marilla; Middle: ; Last: Brookfield

DISPOSITION

19 INFORMANT - NAME and relationship to deceased: Donald Dingman-Husband
20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Portland Memorial Crematory
20c LOCATION - City or Town, State: Portland, OR

REGISTRAR

21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b OREGON LICENSE NO (OR Licensee): 3518
21c NAME, ADDRESS AND ZIP OF FACILITY: Davies Cremation & Burial Svc P.O. Box 61747 Vancouver, WA 98666
22 DATE RECEIVED BY REGISTRAR (Month, Day, Year): FEB 19 2002
23 REGISTRAR'S SIGNATURE: [signature]
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

24 TIME OF DEATH: 0123
25 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
26 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]
27 DATE SIGNED (Month, Day, Year): FEB. 13, 2002
28 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): JEFFREY MENASHE MD 5050 NE Hoyt #256 PORTLAND, OR 97213
29 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

30a TIME OF DEATH
30b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
31 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)
32 DATE SIGNED (Month, Day, Year)
COUNTY

CERTIFIER

CAUSE OF DEATH

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

33 NAMED LIFE CAUSE. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) ACUTE MYELOBLASTIC LEUKEMIA — Interval between onset and death: 14 months
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
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
34 Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ Unknown ☒ No
35 AUTOPSY ☐ Yes ☒ No
36 If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A
37 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
38a DATE OF INJURY (Month, Day, Year)
38b TIME OF INJURY
38c INJURY AT WORK? ☐ Yes ☒ No
38d DESCRIBE HOW INJURY OCCURRED
38e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
38f 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 (3/00)

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

DATE ISSUED: FEB 21 2002

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

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

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AFFIDAVIT
Lack of Probate

State of Washington

County of Skamania

Donald D. Dingman, being first duly sworn, deposes and says:

1. The undersigned affiant is the Husband (relationship to decedent) of Wife (decedent) Harriet Dingman, who died 8-13 (date of death), 2002 (year) at Portland (city) State of Oregon, then being a legal resident of Carson (city) Skamania (county), Wa (state).

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:

(full name)	(age)	(relationship)	(residence)
David D. Dingman	49	Son	WA

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HEIRS AT LAW (continued)

Karina L. Wingman (full name)	48 (age)	Daughter (relationship)	WA (residence)
Dee Ann Jacklin (full name)	46 (age)	Daughter (relationship)	R. I. (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.

Donald O Dingman
Affiant's Full Name

5-20-03
Date

Affiant's Full Name

Date

STATE OF WASHINGTON, }
} **ss.**
COUNTY OF Spokane }

On this day personally appeared before me Donald O. Dingman **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 20 **day of** May, **20**03.

Notary Public
State of Washington
JAMES R COPELAND, JR
MY COMMISION EXPIRES
September 13,2003

Notary Public in and for the State of Washington, residing at Spokane
My appointment expires 9-11-05