

Doc # 2004151893
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Date: 02/03/2004 12:34P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$23.00

AFTER RECORDING MAIL TO:

Name Shirley Whitaker
Address 1811 South Conklin
City / State Veradale, WA 99037
SCTC 26354

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. FREDERICK GORDON WHITAKER
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. SHIRLEY A. WHITAKER
- 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)

Lot 1 of the Charles H. and Veda A. Coates Short Plat, according to the recorded Plat thereof, recorded in Book 2, Page 61, Skamania County Short Plat records, located in the Southeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

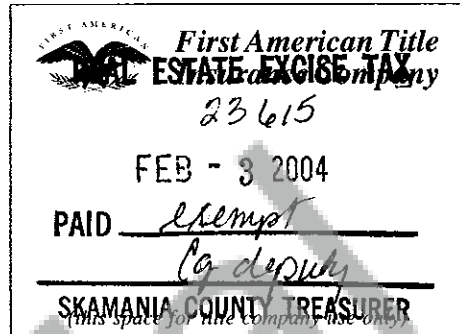
Assessor's Property Tax Parcel / Account Number(s): 03-08-17-3-0-1402-00

Gary H. Martin, Skamania County Assessor

WA-1

Date 2-3-04 Parcel # 03-08-17-3-0-1402-00
pn

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

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICYState of Idaho
CERTIFICATE OF DEATHState File No. I 432
Local Reg. No. 1432

DECEDENT	DECEDENT - NAME FIRST MIDDLE LAST Frederick Gordon Whitaker		SEX Male	DATE OF DEATH (Month, Day, Year) July 13, 2001
	SOCIAL SECURITY NUMBER 528-24-0478		AGE - Last Birthday (Mo, Yr) 88	DATE OF BIRTH (Month, Day, Year) Jan 21, 1912
TYPE OR PRINT IN PERMANENT BLOCKS. DO NOT USE FELT TIP PEN	PLACE OF DEATH (Check only one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (1) <input checked="" type="checkbox"/> Inpatient (2) <input type="checkbox"/> BR/Outpatient (3) <input type="checkbox"/> DOA (4) <input type="checkbox"/> Long-Term Care Facility (5) <input type="checkbox"/> Own Residence (6) <input type="checkbox"/> Other Private Residence (7) <input type="checkbox"/> Other (Specify) _____		BIRTHPLACE (City and State or Foreign Country) Spokane, Washington	
	FACILITY NAME AND ADDRESS (If not a hospital, give name of place, street and number) Kootenai Medical Center		CITY, TOWN OR LOCATION OF DEATH Coeur d'Alene	
NAME OF DECEDENT FOR USE BY PHYSICIAN OR LABORATORY	MARRIAGE STATUS Married		SURVIVING SPOUSE (If with given maiden name) Shirley Boehm	
	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use restricted.) Civil Engineer		BUREAU OF RECLAMATION	
FATHER - NAME	BIRTHPLACE Unknown		MOTHER - FULL MAIDEN NAME Mary N. Wise	
	BIRTHPLACE Unknown		BIRTHPLACE Unknown	
INFORMANT	INFORMANT'S NAME (Specify) Shirley Whitaker		MARRIAGE ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1811 South Condon, Veradale, WA 99037	
	METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from Idaho <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Heritage Crematory	
DISPOSITION	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Chad R. Yell		NAME AND ADDRESS OF FACILITY Yates Funeral Home	
	TIME OF DEATH 7:10P		DATE OF DEATH (Month, Day, Year) July 13, 2001	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) Small Bowel Obstruction		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 days	
	27. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Abused Dementia		WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CERTIFIER	27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Abused Dementia		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	SIGNATURE AND TITLE OF CERTIFIER S. J. J. J.		LICENSE NUMBER M-7702	
CORONER'S REVIEW AREA	NAME AND ADDRESS OF CERTIFIER (If different from above) Dr. S. J. J. J., 1448 Highway 41 #B, Rathdrum, Idaho 83858		DATE SIGNED (Month, Day, Year) July 16, 2001	
	DATE OF INJURY (Mo, Day, Yr) July 13, 2001		HOUR OF INJURY 7:10P	
REGISTRAR	INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TRANSPORTATION ACCIDENT? (Specify) <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	
	PLACE OF INJURY (If in house, farm, shop, factory, office building, etc. (Specify) Other		LOCATION (Street or Route Number, City/Town, or County and State) Other	
REGISTRAR	CORONER'S ACTION <input checked="" type="checkbox"/> I have reviewed and/or amended, and certified.		DATE SIGNED (Month, Day, Year) July 16, 2001	
	SIGNATURE OF REGISTRAR Jane S. Smith		DATE SIGNED (Month, Day, Year) July 16, 2001	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: **JUL 1 2001**

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**AFFIDAVIT
Lack of Probate**

State of Washington

County of SPOKANE

SHIRLEY ANN WHITAKER, being first duly sworn, deposes and says:

1. The undersigned affiant is the WIFE of F. GORDON WHITAKER
(relationship to decedent) (decedent)
_____, who died JULY 16, 2001 at COEUR D'ALENE,
(date of death) (year) (city)
State of IDAHO, then being a legal resident of LAS VEGAS,
(city)
CLARK, NEVADA.
(county) (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:

SHIRLEY WHITAKER 60 WIFE VERA DALE, WA
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
Sheri Spriggs		Daughter	
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

- 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:
- The decedent [] had [X] 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.
- As of the date of death, the value of all community property of the decedent was approximately \$ 2,000,000 . The value of all separate property of the decedent was approximately \$ _____.
- Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

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.

SHIRLEY ANN WHITAKER
Affiant's Full Name

12/23/03
Date

Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Spokane) ss.
Washington

On this day personally appeared before me SHIRLEY WHITAKER to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 22nd day of December, 2003



Donna L. Estick
Notary Public in and for the State of
Washington, residing at Spokane WA
My appointment expires April 1, 2003

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