

Doc # 2004152195
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Date: 03/05/2004 02:05P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

AFTER RECORDING MAIL TO:

Name Beverly A. Larson

Address PO Box 1974

City/State White Salmon, WA 98672

26422

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

1. CERTIFICATE OF DEATH
- 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. HAROLD S. LARSON
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. BETTY L. LARSON
- 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)

SE ¼ SE ¼ SEC 20 T3N R8E

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-20-4-4-0200-00

3504 *Ln*

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.



REAL ESTATE EXCISE TAX

23689

MAR 05 2004

PAID Exempt
Vickie M. Land
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

82-016690

Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Local File Number
01532

State File Number

DECEASED - NAME First Middle Last Harold S. LARSON		DATE OF DEATH (month, day, year) 10 Oct 1982	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Male	AGE - Last birthday (years) 60	DATE OF BIRTH (month, day, year) 29 Sep 1922
3 CITY, TOWN OR LOCATION OF DEATH Eugene	HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number) Sacred Heart Hospital Inpatient		COUNTY OF DEATH Lane
4 STATE OF BIRTH (if not in U.S.A. name country) Washington	5 CITIZEN OF WHAT COUNTRY U.S.A.	6 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	7 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
8 SOCIAL SECURITY NUMBER [REDACTED]	9 USUAL OCCUPATION (give kind of work done during most of working life, except if retired) Logger		10 KIND OF BUSINESS OR INDUSTRY Timber
11 RESIDENCE - STATE Oregon	COUNTY Linn	CITY, TOWN, OR LOCATION Foster	12 STREET AND NUMBER OR R.F.D. # P.O. Box 98
13 FATHER - NAME first middle last Oscar - Larson		14 MOTHER - Name first middle last BROWN, Ellen M. Larson	
15 INFORMANT - NAME and relationship to decedent Betty Larson, Wife		16 LOCATION - city or town state Carson, Washington	
17 BURIAL, CREMATION, REMOVAL, MAUSE (specify) Burial - Removal			
18 CEMETERY OR CREMATORY - NAME Eymon Cemetery			
19 FURNAL SERVICE LICENSEE (if not in U.S.A. name country) K. J. [REDACTED] GARDNER FUNERAL HOME, INC., White Salmon, Wa. 98672			
20 NAME AND ADDRESS OF CERTIFIER (M.D. or other health professional) Robert W. Dabbert M.D. 677 E. 12th Ave Eugene Ore. 97401		21 DATE SIGNED (M, D, Y) 10/11/82	
22 NAME OF ATTENDING PHYSICIAN (if other than certifier) [REDACTED]		23 HOUR OF DEATH 0015	
24 DATE RECEIVED BY REGISTRAR (M, D, Y) Oct 25, 1982		25 REGISTRAR (Signature) [Signature]	
26 IMMEDIATE CAUSE PART I (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF (b) [REDACTED] DUE TO, OR AS A CONSEQUENCE OF (c) [REDACTED]			
27 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) [REDACTED]			
28 ACCIDENT (Specify Yes or No) No		29 DATE OF INJURY (M, D, Y) [REDACTED]	30 HOUR OF INJURY [REDACTED]
31 INJURY AT WORK (Specify Yes or No) No		32 DESCRIBE HOW INJURY OCCURRED [REDACTED]	
33 PLACE OF INJURY - Address, street, room, factory, office, building, etc. (Specify) [REDACTED]		34 LOCATION [REDACTED]	35 CITY OR TOWN STATE [REDACTED]
RESERVED FOR REGISTRAR'S USE			

DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REQUIRING COMPLETION OF RESIDENCE ITEMS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

JAN 13 2004

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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EXHIBIT 'A'

That portion of the Southeast Quarter of the Southeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point 930 feet East and 20 feet South of the Northwest corner of the Southeast Quarter of the Southeast Quarter of the said Section 20; thence South 200 feet; thence East 100 feet; thence North 200 feet; thence West 100 feet to the point of beginning.

Gary H. Martin, Skamania County Assessor

Date 3-5-04 Parcel # 03-08-20-44-0200-00

fr