

AFTER RECORDING MAIL TO:

Name Harriet White
Address 15510 NW 41st Avenue
City / State Vancouver, WA 98685
522 26 702

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

1. Death Cert
- 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. White, Franklin Frary
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. White, Harriet A. , Trustee under
2. Declaration of Trust Dated July 26, 1991
3. for the Benefit of the White Family
- 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 16 of Block 9 of the Plat of Relocated North Bonneville, recorded in Book 'B' of Plats, Page 16, under Skamania County File No. 83466. Also recorded in Book 'B' of Plats, Page 32, under Skamania County File No. 84429, recorded of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

☐ Complete legal description is on page _____ of document

Date 5/12/04 Parcel # 02-07-20-3-4-4400-00

Assessor's Property Tax Parcel / Account Number(s): 02-07-20-3-4-4400-00

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.



REAL ESTATE EXCISE TAX

23870
MAY 12 2004

PAID Exempt
Vickie Clelland, 106 pch
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

117714
I.D. TAG NO.

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

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>Franklin</u> Middle: <u>Frary</u> Last: <u>WHITE</u>				2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 19, 1992</u>
4. SOCIAL SECURITY NUMBER <u>535-03-5737</u>		5a. AGE-Last Birthday (Years) <u>73</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	5c. Under 1 Day Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Vancouver, WA</u>
7. DATE OF BIRTH (Month, Day, Year) <u>Nov. 23, 1918</u>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>		9b. FACILITY NAME (If not institution, give street and number) <u>Portland Adventist Medical Center</u>			
9c. CITY, TOWN, OR LOCATION OF DEATH <u>Portland, Oregon</u>		9d. COUNTY OF DEATH <u>Multnomah</u>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Regional Manager</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Washington State Game Department</u>		11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)	
12. SPOUSE (If Married, Widowed, Divorced (Specify) <u>Harriet Ann Babcock</u>		13a. RESIDENCE - STATE <u>Washington</u>			
13b. COUNTY <u>Clark</u>		13c. CITY, TOWN OR LOCATION <u>Vancouver</u>		13d. STREET AND NUMBER <u>15510 NW 41st Av</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>98685</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u> </u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u> </u> College (13-16) <u> </u> 5+ <u> </u>			
17. FATHER - NAME first middle last <u>James DeWitt White</u>		18. MOTHER - NAME first middle maiden <u>Ruth Frary</u>		19. INFORMANT - NAME and relationship to decedent <u>Harriet White (Wife)</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Sara Union Cemetery</u>		20c. LOCATION - City or Town, State <u>Vancouver, Washington</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>1674</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Vancouver Funeral Chapel 110 E 12th St, Vancouver, WA 98660</u>	
23. DATE EXPIRED (Month, Day, Year) <u>JUN 01 1992</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <u>2320</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>					
30. DATE SIGNED (Month, Day, Year) <u>5/26/92</u>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Ngan-Lien Nguyen, MD, 10000 SE Main, #306, Portland, Oregon 97216</u>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
31a. TIME OF DEATH <u> </u>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u>			
32. 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) <u> </u>					
33. DATE SIGNED (Month, Day, Year) <u> </u> COUNTY <u> </u>					
34. IMMEDIATE 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) <u>Aspiration pneumonia</u>				Interval between onset and death <u>1 week</u>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death <u>One year</u>	
(b) <u>Dysphagia</u>				Interval between onset and death <u>One year</u>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death <u>One year</u>	
(c) <u>Cerebral vascular accident</u>				Interval between onset and death <u>One year</u>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year) <u> </u>	41b. TIME OF INJURY <u> </u>	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED <u> </u>
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>			

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

JUN 01 1992

DATE ISSUED

[Signature]
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON