

Doc # 2004153037
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Date: 05/20/2004 02:00P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$22.00

AFTER RECORDING MAIL TO:

Name Clara B. Tye

Address PO Box 395

City/State Stevenson, WA 98648

SCC 26018

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. LEROY WESLEY TYE
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. CLARA B. TYE
- 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)

N ½ SEC 28 T2N R5E

☒ Complete legal description is on page 4 of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-28-1-0-0105-00

5-20-04
BTH

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

23896

MAY 20 2004

PAID

EXEMPT

[Signature]
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

146-8

STATE FILE NUMBER

DECEASED

1. NAME—FIRST, MIDDLE, LAST LeRoy Wesley Tye			2. SEX M	3. DEATH DATE (Mo., Day, Yr.) Nov. 29, 1988	
4. AGE—LAST BIRTH DAY (Yrs.) 63		5. UNDER 1 YEAR MOS. DAYS HOURS MINS.	7. BIRTHDATE (Mo., Day, Yr.) Jan. 26, 1925		8. COUNTY OF DEATH Skamania
9. CITY, TOWN OR LOCATION OF DEATH Washougal			10. PLACE OF DEATH—20. BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURS. HOME 6. <input type="checkbox"/> OTHER PLACE M.P. 0.20R Sievers Rd.		
11. BIRTH STATE (If not in USA give country) Iowa					
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		13. SPOUSE (If Wife give Maiden Surname) Clara B. Sweet		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes	
15. SOCIAL SECURITY NO. [REDACTED]		16. HIGH SCHOOL GRADUATE (Yes/No) No			
17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.) Ret. Staff Sgt.			18. KIND OF BUSINESS OR INDUSTRY U. S. Air Force		
19. RACE (White, Black, Am. Ind., etc. Specify) White			20. Was Decedent of Hispanic-Origin? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No (specify)		
21. SMOKING IN LAST 15 YEARS (Yes/No) --		22. RESIDENCE—NUMBER AND STREET M.P. 0.20R Sievers Rd.		23. CITY/TOWN OR LOCATION Washougal	
24. INSIDE CITY LIMITS? (Yes/No) No		25. COUNTY Skamania		26. STATE WA	
27. ZIP CODE 98671					

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST Alfred Tye		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Thressie Mae Hodge	
30. INFORMANT—NAME Clara B. Tye - Wife		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP M.P. 0.20R Sievers Rd., Washougal, Washington 98671	

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo., Day, Yr.) Dec. 2, 1988		34. CEMETERY/CREMATORY—NAME Park Hill Crematory	
35. LOCATION—CITY/TOWN, STATE Vancouver, Washington		36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY Straub's Funeral Home	
38. ADDRESS OF FACILITY 325 N. E. 3rd Ave. Camas, WA 98607					

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] County Coroner	
40. DATE SIGNED (Mo., Day, Yr.)		44. DATE SIGNED (Mo., Day, Yr.) December 6, 1988	
41. HOUR OF DEATH (24 Hrs.)		45. HOUR OF DEATH (24 Hrs.) 1500	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo., Day, Yr.) November 29, 1988	
47. HOUR PRONOUNCED DEAD (24 Hrs.) 1521			
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) ROBERT K. LEICK, Coroner, P.O. Box 790, Stevenson, WA 98648			

CAUSE OF DEATH

49. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH 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			
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		INTERVAL BETWEEN ONSET AND DEATH	
(A) Coronary Occlusion		Undetermined	
(B) DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
(C) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE		51. AUTOPSY? (Yes, No) No	
52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Y			
53. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) Natural	54. INJURY DATE (Mo., Day, Yr.)	55. HOUR OF INJURY (24 Hrs.)	56. DESCRIBE HOW INJURY OCCURRED
57. INJURY AT WORK? (Yes/No)	58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)	59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

60. REGISTRAR SIGNATURE [Signature]		61. DATE RECEIVED (Mo., Day, Yr.) Dec. 6, 1988	
62. ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:		63. ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:	

FOR STATE REGISTRAR USE ONLY

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DSHS 9-150 (Rev. 1-88) -1187-

DEC 6 1988

SEAL

SOUTHWEST WASHINGTON HEALTH DISTRICT

[Signature]
Karen R. Steingart, M.D.
District Health Officer

DSHS 9-641A

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

LAST WILL AND TESTAMENT

of

LeROY W. TYE

KNOW ALL MEN BY THESE PRESENTS, That I, LeROY W. TYE, Staff/Sergeant, United States Air Force, AF 19 310 346, whose permanent residence is in the City of Medford, County of Jackson, State of Oregon, being over the age of twenty-one (21) years, and of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament, in manner and form following, to-wit:

FIRST: It is my will, and I do order, that all my just debts and funeral expenses be duly paid and satisfied as soon as conveniently can be done after my decease.

SECOND: I give, devise and bequeath to CLARA SWEET TYE, my beloved wife, with full and complete title thereto, all the rest and residue of my property, both real and personal, which I may own at the time of my decease.

THIRD: In the event, and only in the event, that my wife, the aforementioned CLARA SWEET TYE, pre-decease me, I give, devise and bequeath to my children, the living issue of my marriage to the said CLARA SWEET TYE, share and share alike, all the rest and residue of property, both real and personal, which I may own at the time of my decease.

AND LASTLY: I nominate, constitute and appoint CLARA SWEET TYE to be the executrix of this, my Last Will, hereby revoking any and all other Wills, Codicils, Legacies and Bequests by me heretofore made, and declaring this, and no other, to be my Last Will and Testament.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25 day of March, in the year of our Lord One Thousand Nine Hundred and Fifty Two (1952.)

Le Roy W. Tye (SEAL)
(LeROY W. TYE)

The above instrument was at the date thereof signed, sealed, published and declared by the said LeROY W. TYE, as and for his Last Will and Testament, in the presence of us, who, at his request, and in his presence, and in the presence of each other, have subscribed our names as witnesses thereto:

<u>Edward W. Condes</u>	<u>Residing at 4574 N.E. 35th Ave.-Port.</u>
<u>John R. Gilbertson</u>	<u>Residing at 3609 N.E. 113th St.-Port.</u>
<u>Irving Epstein</u>	<u>Residing at 950 S. W. 21st Ave.-Port.</u>

EXHIBIT 'A'

A tract of land located in the North Half of Section 28, Township 2 North, Range 5 East, of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the North Quarter corner of Section 28, Township 2 North, Range 5 East of the Willamette Meridian, run along the North-South centerline of Section 28 South $00^{\circ}26'45''$ East 308.59 feet to a point on South boundary of Bonneville Power line right of way; run along right of way boundary North $89^{\circ}34'50''$ East 677.00 feet to the point of beginning; continue on boundary North $89^{\circ}34'50''$ East 229.97 feet to a pipe, leave boundary run South $12^{\circ}03'43''$ East 645.98 feet to the Westerly boundary of LaBarre County Road; run through curve to left with radius of 401.97 feet through a central angle of $11^{\circ}35'$ a distance of 81.27 feet; leave road boundary run South $88^{\circ}52'49''$ West 333.11 feet; run North $00^{\circ}00'00''$ East 713.30 feet to point of beginning.