

Doc # 2004154187  
Page 1 of 3  
Date: 08/25/2004 01:09P  
Filed by: GENERAL PUBLIC  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON *JA*  
AUDITOR  
Fee: \$21.00

Return Address:

LeRoy Severy  
PO Box 179  
Carson, WA 98610

Document Title(s) or transactions contained herein:	
Death Certificate	REAL ESTATE EXCISE TAX 24179
GRANTOR(S) (Last name, first name, middle initial)	AUG 24 2004
Severy, Mary Maxine	PAID <i>exempt</i> <i>Vickie O'Connell</i> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial)	
Severy, Ernest LeRoy	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
N2 SW4 SW4 Section 17, T3N, R8EWM	
<input checked="" type="checkbox"/> Complete legal on page 2 of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
03-08-17-3-0-1500-00 <i>P-24-04</i>	
03-08-17-3-0-1600-00 <i>241</i>	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



TYPE OR PRINT IN PERMANENT BLACK INK

40

LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <b>Mary</b> Middle: <b>Maxine</b> Last: <b>SEVERY</b>				2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo, Day, Yr) <b>November 17 1993</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>62</b>		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		7. BIRTHDATE (Mo, Day, Yr) <b>June 17 1931</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Bartlesville OK</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Carson</b>				12. PLACE OF DEATH— <input checked="" type="checkbox"/> 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 PIN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>MP 0.26R Brooks Rd</b>		13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (if wife, give maiden name) <b>Ernest LeRoy Severy</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)      College (1-4 or 5+) <b>College (1-4 or 5+)</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>White</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE—NUMBER AND STREET <b>MP 0.26R Brooks Rd</b>		23. CITY/TOWN OR LOCATION <b>Carson</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		25A. COUNTY <b>Skamania</b>	
26. STATE <b>Washington</b>		27. ZIP CODE <b>98610</b>		28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Charles - Rash</b>		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Theda Wright</b>	
30. INFORMANT—NAME <b>Tommy Meadows</b>		31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP <b>1950 Polk St Eugene OR 97405</b>		32. BURIAL/CREMATION REMOVAL OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>Nov 19 1993</b>	
34. CEMETERY/CREMATORY—NAME <b>Win-quatt Crematory</b>		35. LOCATION—CITY/TOWN, STATE <b>The Dalles OR</b>		36. FUNERAL DIRECTOR OR SIGNATURE <b>X. P. [Signature]</b>		37. NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC.</b>	
38. ADDRESS OF FACILITY <b>POB 390 WHITE SALMON WA 98672</b>		39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X [Signature]</b>		40. DATE SIGNED (Mo., Day, Yr) <b>December 13, 1993</b>		41. HOUR OF DEATH (24 Hrs.) <b>Undetermined</b>	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Robert K. Leick Coroner Skamania Co. Courthouse Stevenson, WA 98648</b>		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X [Signature] County Coroner</b>		44. DATE SIGNED (Mo., Day, Yr) <b>November 17, 1993</b>		45. HOUR OF DEATH (24 Hrs.) <b>1751</b>	
46. PRONOUNCED DEAD (Mo., Day, Yr) <b>November 17, 1993</b>		47. HOUR PRONOUNCED DEAD (24 Hrs.) <b>1751</b>		48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Robert K. Leick Coroner Skamania Co. Courthouse Stevenson, WA 98648</b>		49. ME/CORONER FILE NUMBER <b>93-055SK</b>	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). <b>DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.</b>		A. <b>SELF-INFLICTED GUNSHOT WOUND TO THE HEAD</b> DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
		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	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>Suicide</b>				52. AUTOPSY? (Yes / No) <b>Yes</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>Suicide</b>		55. INJURY DATE (Mo, Day, Yr) <b>Nov. 17, 1993</b>		56. HOUR OF INJURY (24 Hrs.) <b>Undetermined</b>		57. DESCRIBE HOW INJURY OCCURRED: <b>Self-inflicted gunshot wound</b>	
58. INJURY AT WORK? (Yes / No) <b>No</b>		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) <b>Residence</b>		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE <b>MP 0.26R Brooks Rd., Carson, WA</b>			
61. RECORD AMENDMENT (Registrar use only) ITEM      DOCUMENTARY EVIDENCE      REVIEWED BY      DATE		62. REGISTRAR SIGNATURE <b>X [Signature]</b>		63. DATE RECEIVED (Mo., Day, Yr) <b>12-14-93</b>			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev. 7/91) (formerly DSHS 9-150)

DOC # 2004154107  
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## Parcel I

A tract of land located in the North half of the southwest Quarter of the Southwest Quarter (N1/2 SW1/4 SW1/4) of Section 17, Township 3 North, Range 8 E. W. M., described as follows:

Beginning at the southeast corner of the N1/2 of the SW1/4 of the SW1/4 of the said Section 17; thence West 330 feet along the South line of the N1/2 of the SW1/4 SW1/4 of the said Section 17 to the initial point of the tract hereby described; thence North parallel to the East line of the SW 1/4 of the SW1/4 of the said section 17, a distance of 290 feet; thence East 150 feet; thence South parallel to the East line aforesaid 290 feet to the South line of the N1/2 of the SW1/4 of the SW1/4 of the said section 17; thence West along said South line 150 feet to the initial point.

## Parcel II

The east 330 feet of the North half of the southwest Quarter of the Southwest Quarter (N1/2 SW1/4 SW1/4) of Section 17, township 3 north, Range 8 E. W. M.

Except the following described tract of land: Beginning at the southeast corner of the N1/2 of the SW 1/4 of the SW1/4 of the said section 17; Thence north along the east line of the SW1/4 of the SW1/4 of the said section 17 a distance of 290 feet; Thence west 150 feet; thence south 290 feet to the south line of the N1/2 of the SW1/4 of the SW 1/4 of the said section 17; thence east 150 feet to the point of beginning;  
And Except the following described tract of land: Beginning at the south-east corner of the N1/2 of the SW 1/4 of the SW1/4 of the said section 17; thence 330 feet along the south line of the N1/2 of the SW1/4 of the SW 1/4 of the said section 17 to the initial point of the tract hereby described; thence north parallel to the east line of the SW1/4 of the SW1/4 of the said section 17, a distance of 290 feet; thence east 150 feet; thence south parallel to the SW1/4 of the SW1/4 of the said section 17; thence west along said south line 150 feet to the initial point.  
Subject to easements and rights of way for County Road No. 2051 designated as the Brooks Road.

Gary H. Martin, Skamania County Assessor

Date 8-24-04 Parcel # 3-8-17-3-1500  $\frac{1}{4}$  1600  
*GHM*