

Return Address:

FRANCES A. JOHNSON  
P.O. Box 385  
WHITE SALMON, WA 98672

Document Title(s) or transactions contained herein: DEATH CERTIFICATE CERTIFICATE OF THE HARLEY L. JOHNSON & FRANCES A. JOHNSON REVOCABLE TRUST	
GRANTOR(S) (Last name, first name, middle initial) JOHNSON, HARLEY L., TRUSTEE (DECEASED)	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) JOHNSON, FRANCES A., TRUSTEE OF HARLEY L. JOHNSON & FRANCES A. JOHNSON REVOCABLE TRUST	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) LOT 1 OF THE RIVERVIEW RIDGE SHORT PLAT, RECORDED IN BOOK 3, PAGE 390	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
Gary H. Martin, Skamania County Assessor Date 2/17/05 Parcel # 3-8-26-1601	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03 08 26 00 1601 0	
REAL ESTATE EXCISE TAX 24682 FEB 17 2005	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
PAID <u>Exempt</u> 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. J. MICHAEL GARVISON SKAMANIA COUNTY TREASURER	

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>2005-1001</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (Include AKA's if any) <b>Harley Loran JOHNSON</b>			2. Death Date <b>Jan. 4, 2005</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>82</b>	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number [REDACTED]	6. County of Death <b>Klickitat</b>
7. Birthdate <b>Sept. 21, 1922</b>	8a. Birthplace (City, Town, or County) <b>Portland</b>	8b. (State or Foreign Country) <b>Oregon</b>	9. Decedent's Education <b>High School Graduate</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>955 SE Oak St.</b>				13b. City or Town <b>White Salmon</b>	
13c. Residence: County <b>Klickitat</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98672</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>40 Years</b>	15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Frances Agatha Johnson</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Station Agent</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Railroad</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>George Loran Johnson</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Anna Laura Jabs</b>		
21. Informant's Name <b>Frances Johnson</b>	22. Relationship to Decedent <b>Spouse</b>	23. Mailing Address: Number & Street or RFD No. City or Town State Zip <b>PO Box 385 White Salmon, WA 98672</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Home</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Home</b>		
25. Facility Name (if not a facility, give number & street) <b>955 SE Oak St.</b>			26a. City, Town, or Location of Death <b>White Salmon</b>	26b. State <b>WA</b>	27. Zip Code <b>98672</b>
28. Method of Disposition <b>Cremation</b>	29. Place of Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>		30. Location-City/Town, and State <b>White Salmon, WA</b>		
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home POB 390 White Salmon, WA 98672</b>				32. Date of Disposition <b>Jan. 6, 2005</b>	
33. Funeral Director Signature <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. <b>LUNG CANCER, NON SMALL CELL</b>		Interval between Onset & Death <b>Months</b>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Due to (or as a consequence of):		Interval between Onset & Death	
		c. Due to (or as a consequence of):		Interval between Onset & Death	
		d. Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of injury: Number & Street: City or Town: County: State: Zip Code + 4:				46. Describe how injury occurred	
				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <b>Ray FitzSimmons MD</b>				48b. Medical Examiner/Coroner - 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) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Ray FitzSimmons, MD POB 1519 White Salmon, WA 98672</b>				50. Hour of Death (24hrs) <b>1930</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (MM/DD/YYYY) <b>Jan. 5, 2005</b>	
53. Title of Certifier <b>MD</b>	54. License Number <b>050000000</b>	55. ME/Coroner File Number		56. Was case referred to medical examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) <b>JAN 06 2005</b>	
59. Record Amendment	Item:	Date:	Reviewed by	Date	

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**When Recorded, Return to:**

Harley L. Johnson  
Frances A. Johnson  
P.O. Box 385  
White Salmon, Washington 98672

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**CERTIFICATE OF THE  
HARLEY L. JOHNSON AND FRANCES A. JOHNSON  
REVOCABLE TRUST**

We, HARLEY L. JOHNSON and FRANCES A. JOHNSON declare that we established a revocable Trust known as the HARLEY L. JOHNSON AND FRANCES A. JOHNSON REVOCABLE TRUST dated MARCH 11, 1998, and appointed HARLEY L. JOHNSON and FRANCES A. JOHNSON as Trustees of the Trust.

This will certify that the following provisions are found in the Trust Agreement and may be relied upon by anyone dealing with any Trustee or Successor Trustee to the Trust.

1. The names of the Trustors of the Trust are HARLEY L. JOHNSON and FRANCES A. JOHNSON. The names of the original Trustees of the Trust are HARLEY L. JOHNSON and FRANCES A. JOHNSON. The address of the Trust is P.O. Box 385, White Salmon, Washington 98672. The Trust is a grantor revocable trust.

2. Property may be added to the Trust.

3. Both Trustors together may amend or revoke the Trust; either Trustor may revoke the Trust as to his or her separate property or his or her interest in community property.

4. If either Trustor ceases to serve as a Trustee for any reason, the remaining Trustor shall serve as sole Trustee.

5. The Trustee is given broad powers, including the power, subject to the Trustee's fiduciary obligations, to have all the rights, power and privileges which an absolute owner of the same property would have. A copy of the Article which contains the powers of the Trustee is available upon request.

6. Each of the original Trustees has the right to transact business for the Trust over his or her sole signature and to hold property in his or her sole name as Trustee of the Trust.

Dated: MARCH 11, 1998.

Harley L. Johnson  
HARLEY L. JOHNSON

Frances A. Johnson  
FRANCES A. JOHNSON

IN WITNESS WHEREOF, the Trustors and the Trustee have executed this Trust Agreement as of the day and year first above written.

**TRUSTORS:**

Harley L. Johnson  
HARLEY L. JOHNSON

Frances A. Johnson  
FRANCES A. JOHNSON

**TRUSTEE:**

Harley L. Johnson  
HARLEY L. JOHNSON

Frances A. Johnson  
FRANCES A. JOHNSON

STATE OF ARIZONA    )  
                                  ) ss.  
County of Yuma        )

The foregoing instrument was acknowledged before me on MARCH 11, 1998,  
by HARLEY L. JOHNSON and FRANCES A. JOHNSON, as Trustors and as Trustee of  
The *Harley L. Johnson and Frances A. Johnson Revocable Trust*.

Keith M. Marquand  
Notary Public

My Commission Expires:

