

Doc # 2005158079
Page 1 of 6
Date: 07/22/2005 03:01P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$24.00

AFTER RECORDING MAIL TO:

Name Elizabeth Johnson
Address PO Box 707
City/State Stevenson, WA 98648
SLC 27A72

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

1. Death Certificate
2. Affidavit
- 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. Johnson, Jay Charles
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. Johnson, Elizabeth A.
- 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)

S1, 2N, R7E

FULL LEGAL IS ON PAGE 86

☐ Complete legal description is on page _____ of document

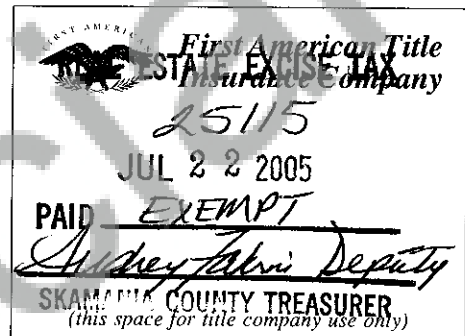
Assessor's Property Tax Parcel / Account Number(s): 02-07-01-1-1-2901-00

Gary H. Martin, Skamania County Assessor

ARM Date 7-22-05 Parcel # 2-7-1-1-1-2901

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.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2003-10 27

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Jay Middle: Charles Last: JOHNSON				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) April 27, 2003	
4. AGE LAST BIRTHDAY (Yrs) 47		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 5/31/1955		8. BIRTHPLACE (City, State or Foreign Country) Sturgeon Bay, WI	
11. CITY, TOWN OR LOCATION OF DEATH White Salmon				12. PLACE OF DEATH -- BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input checked="" type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Skyline Hospital		13. COUNTY OF DEATH Klickitat	
14. MARITAL STATUS -- Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Elizabeth Welsome		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Carpenter		19. KIND OF BUSINESS OR INDUSTRY Construction		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE -- NUMBER AND STREET 85 1st Street		23. CITY/TOWN, OR LOCATION Stevenson		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skamania	
26. STATE WA		27. ZIP CODE 98648		25B. LENGTH OF RES. IN CO. 25 yrs		26. STATE WA	
28. FATHER'S NAME -- FIRST, MIDDLE, LAST Robert Morris Johnson				29. MOTHER'S NAME -- FIRST, MIDDLE, MAIDEN SURNAME May Bertha Flok			
30. INFORMANT -- NAME Libby Johnson		31. MAILING ADDRESS PO Box 707 Stevenson, WA 98648		32. STREET OR RFD NO. [REDACTED]		33. CITY OR TOWN [REDACTED]	
34. STATE WA		35. ZIP 98648		36. BIRTHDATE (Mo, Day, Yr) 5/2/2003		37. CEMETERY/CREMATORY -- NAME Columbia River Crematory	
38. LOCATION -- CITY/TOWN, STATE White Salmon, Washington		39. DATE SIGNED (Mo, Day, Yr) 04/30/2003		40. HOUR OF DEATH (24 Hrs) 1506		41. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ray FitzSimmons, M.D.	
42. ADDRESS OF FACILITY POB 390		43. NAME OF FACILITY Gardner Funeral Home		44. ADDRESS OF FACILITY White Salmon, WA 98672		45. ME/CORONER FILE NUMBER [REDACTED]	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				33. DATE (Mo, Day, Yr) 5/2/2003			
34. CEMETERY/CREMATORY -- NAME Columbia River Crematory				35. LOCATION -- CITY/TOWN, STATE White Salmon, Washington			
36. FUNERAL DIRECTOR SIGNATURE [Signature]				37. NAME OF FACILITY Gardner Funeral Home			
38. ADDRESS OF FACILITY POB 390				39. DATE SIGNED (Mo, Day, Yr) 04/30/2003			
40. HOUR OF DEATH (24 Hrs) 1506				41. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ray FitzSimmons, M.D.			
42. ADDRESS OF FACILITY POB 390				43. NAME OF FACILITY Gardner Funeral Home			
44. ADDRESS OF FACILITY White Salmon, WA 98672				45. ME/CORONER FILE NUMBER [REDACTED]			
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 X Ray FitzSimmons MD				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 X [Signature]			
40. DATE SIGNED (Mo, Day, Yr) 04/30/2003				41. HOUR OF DEATH (24 Hrs) 1506			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ray FitzSimmons, M.D.				43. PRONOUNCED DEAD (Mo, Day, Yr) [REDACTED]			
44. NAME AND ADDRESS OF CERTIFIER -- PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Ray FitzSimmons, M.D. POB 1519 White Salmon, WA 98672				45. HOUR PRONOUNCED DEAD (24 Hrs) [REDACTED]			
46. ME/CORONER FILE NUMBER [REDACTED]				47. ME/CORONER FILE NUMBER [REDACTED]			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. MASSIVE HEAD INJURY DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH MINUTES		B. MOTORCYCLE ACCIDENT DUE TO, OR AS A CONSEQUENCE OF:	
		C. [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH [REDACTED]		D. [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:	
		D. [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH [REDACTED]		E. [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:	
51. OTHER SIGNIFICANT CONDITIONS -- CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) Yes		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY -- AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		60. LOCATION -- STREET OR RFD NO., CITY/TOWN, STATE		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	
62. DATE RECEIVED (Mo, Day, Yr) MAY 01 2003		63. DATE RECEIVED (Mo, Day, Yr) MAY 01 2003		64. DATE RECEIVED (Mo, Day, Yr) MAY 01 2003		65. DATE RECEIVED (Mo, Day, Yr) MAY 01 2003	

CAUSE OF DEATH

CERTIFIER

PARENTS

OCCUPATION

OFFICE USE ONLY

**AFFIDAVIT
Lack of Probate**

State of Washington

County of Skamania

Elizabeth Ann Johnson, being first duly sworn, deposes and says:

1. The undersigned affiant is the Spouse of Jay C. Johnson
(relationship to decedent) (decedent)
_____, who died 4th April 27, 2003, at Bingen
(date of death) (year) (city)
State of WA, then being a legal resident of Stevenson
Skamania WA
(county) (state) (city)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☒ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in _____ County, State of _____. A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

ELIZABETH A. JOHNSON 53 Spouse 78 1st St, Stevenson, WA
(full name) (age) (relationship) (residence) 98648

HEIRS AT LAW (continued)

<u>Racheal R. Johnson</u> (full name)	<u>20</u> (age)	<u>Daughter</u> (relationship)	<u>781st St, Stevenson, WA 98648</u> (residence)
<u>Courtney A. Johnson</u> (full name)	<u>17</u> (age)	<u>Daughter</u> (relationship)	<u>781st St, Stevenson, WA 98648</u> (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:

NA

5. The decedent [] had [x] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

6. As of the date of death, the value of all community property of the decedent was approximately \$ 700,000. The value of all separate property of the decedent was approximately \$ 0.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

NA

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Elizabeth Ann Johnson
Affiant's Full Name

7/20/05
Date

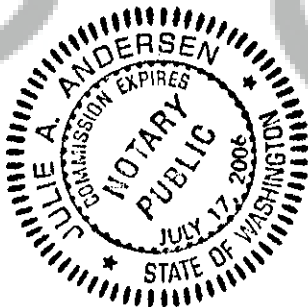
Affiant's Full Name

Date

STATE OF WASHINGTON,)
COUNTY OF Skamania) ss.

On this day personally appeared before me Elizabeth Ann Johnson to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as Her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 20th day of July, 2005



Julie A. Andersen
Notary Public in and for the State of
Washington, residing at Carson
My appointment expires 7-17-2006

EXHIBIT 'A'

A tract of land in Section 1, Township 2 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, described as follows:

Beginning at the Southeast corner of Block 8 of the Town of Stevenson, according to the official Plat thereof, on file and of record in the office of the Auditor of Skamania County, Washington; thence South $55^{\circ}30'$ West 266.5 feet; thence North 25° West 228.5 feet to the South line of the J.P. Gillette Tract, as more particularly described in Deed dated January 19, 1899 and recorded at Page 331 of Book 'F' of Deeds, Records of Skamania County, Washington; thence East 14.5 feet; thence North 30 feet to the initial point of the tract hereby described; thence North to the South line of the Public Street known and designated as Vancouver Avenue; thence in a Southwesterly direction following the Southerly line of Vancouver Avenue to intersection with the West line of the Henry Shepard D.L.C.; thence South along the West line of said Shepard D.L.C. to a point which is North $89^{\circ}15'$ West of the initial point; thence South $89^{\circ}15'$ East 80 feet, more or less, to the initial point;

EXCEPT the West 3 feet thereof.

AND ALSO Commencing at the Southwest Corner of the Parcel above described and running thence North $89^{\circ}15'$ West 3 feet to the West line of the Shepard D.L.C.; thence South along said D.L.C. line 20.25 feet; thence North $72^{\circ}22'48''$ East 64.25 feet to the South line of the above described property; thence North $89^{\circ}15'$ West along the South line of the above described property to the point of beginning of this description;

EXCEPT the West 3 feet thereof.

Gary H. Martin, Skamania County Assessor

Date 7-22-05 Parcel # 2-7-1-1-1-2901

gfm