

**AFTER RECORDING MAIL TO:**

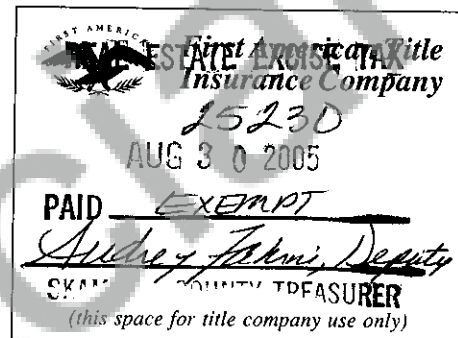
Name DENNIS V. McEVY  
Address P.O. BOX 646  
City / State STEVENSON, WA, 98648

**Quit Claim Deed**

THE GRANTOR DENNIS V. McEVY  
RUSDA E. McEVY

for and in consideration of LOVE

conveys and quit claims to DENNIS V. McEVY  
JOHN W. McEVY



the following described real estate, situated in the County of SKAMANIA, State of Washington,  
together with all after acquired title of the grantor(s) therein:

Beginning at center of Section 36, Township 3 North, Range 7 1/2 E. W. M.; thence east on center line of said section 174 feet; thence south 37°41' east 107.5 feet; thence north 86° east 6 feet to the true point of beginning; thence south 3°40' east 110 feet; thence south 48°22' east 120 feet; thence south 67°40' east 193 feet; thence south 76°36' east 84 feet; thence north 20°12' west 185 feet; thence north 32°02' west 139 feet; thence south 86°00' west 279 feet to the true point of beginning, containing 1.50 acres more or less. ALSO easement for the Private road described in deed from CHAS. D. OHINGER et ux to CLARA E. STEVENS, recorded at Page 152, Book 7 of Deeds, Records of Skamania County, Washington.

Assessor's Property Tax Parcel/Account Number(s): 03753640040000

Dated 8/30, 192005

Gary H. Martin, Skamania County Assessor

Date 8-30-05 Parcel # 3-7 1/2-36-4-400

Dennis V. McEvoy  
(Individual)

\_\_\_\_\_  
(Individual)

By \_\_\_\_\_  
(President)

By \_\_\_\_\_  
(Secretary)

STATE OF WASHINGTON, }  
County of Skamania } ss.

ACKNOWLEDGMENT - Individual

On this day personally appeared before me

Dennis V McEvoy

to me known

to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he  
signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this

30

day of

August

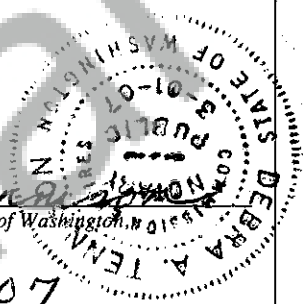
2005

Debra A. Tennison

Notary Public in and for the State of Washington,  
residing at

My appointment expires

3/1/07



STATE OF WASHINGTON, }  
County of \_\_\_\_\_ } ss.

ACKNOWLEDGMENT - Corporate

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_  
and \_\_\_\_\_ to me known to be the  
\_\_\_\_ President and \_\_\_\_\_ Secretary, respectively, of \_\_\_\_\_  
the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that \_\_\_\_\_  
authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

\_\_\_\_\_  
Notary Public in and for the State of Washington,  
residing at

My appointment expires \_\_\_\_\_

WA-46A (11/96)

This jurat is page \_\_\_\_\_ of \_\_\_\_\_ and is attached to \_\_\_\_\_ dated \_\_\_\_\_.

# CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK  
10

399667  
I.D. TAG NO.

006364  
Local File Number

## OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

15

16

17

CAUSE OF DEATH  
INSTRUCTIONS  
ON REVERSE SIDE  
OF GREEN AND  
PINK COPY

|  |  |   |  |   |   |  |  |
|--|--|---|--|---|---|--|--|
| 1. DECEDENT'S NAME<br><b>Rhoda E. McEVOY</b>   |  |   | 2. SEX<br><b>Female</b>  |   | 3. DATE OF DEATH (Month, Day, Year)<br><b>December 15, 2004</b>   |  |  |
| 4. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>   |  | 5a. AGE-Last Birthday (Years)<br><b>89</b>  |  | 5b. Under 1 Year<br>Mos. Days Hours Mins.   |   | 5c. Under 1 Day<br>Mins.   |  |
| 6. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   | 7. BIRTHPLACE (City and State or Foreign Country)<br><b>Blaine, WA</b>   |   | 7. DATE OF BIRTH (Month, Day, Year)<br><b>Sept. 4, 1915</b>   |  |  |
| 8. FACILITY NAME (If not institution, give street and number)<br><b>Emanuel Hospital</b>   |  |   | 9a. PLACE OF DEATH (Check only one)<br><input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |   | 9b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Portland</b>   |  |  |
| 9c. COUNTY OF DEATH<br><b>Multnomah</b>  |  |   | 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><b>Claims Taker</b>  |   | 10b. KIND OF BUSINESS/INDUSTRY<br><b>Employment Security</b>  |  |  |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Married</b>   |  |   | 12. SPOUSE (If Married, Widowed, Divorced (Specify)<br><b>Dennis McEVOY</b>  |   | 13a. RESIDENCE - STATE<br><b>Washington</b>   |  |  |
| 13b. COUNTY<br><b>Skamania</b>   |  |   | 13c. CITY, TOWN, OR LOCATION<br><b>Stevenson</b>   |   | 13d. STREET AND NUMBER<br><b>152 Button Road</b>  |  |  |
| 14. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 15. ZIP CODE<br><b>98648</b>  |  | 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes        |   | 17. RACE American Indian, Black, White, etc. (Specify)<br><b>White</b>   |  |
| 18. DECEDENT'S EDUCATION (Specify only highest grade completed)<br><b>12</b>   |  |   | 19. FATHER - NAME first middle last<br><b>George VanWingerden</b>  |   | 20. MOTHER - NAME first middle last<br><b>Dora Wilder</b>   |  |  |
| 21. INFORMANT - NAME and relationship to deceased<br><b>Dennis McEVOY-Spouse</b>   |  |   | 22. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)  |   | 23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Columbia River crematory</b> |  |  |
| 24. LOCATION - City or Town, State<br><b>White Salmon, WA</b>  |  |   | 25. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>[Signature]</b>  |   | 26. OREGON LICENSE NO. (If Licensee)<br><b>[REDACTED]</b>   |  |  |
| 27. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Gardner Funeral Home<br/>POB 390 White Salmon, WA 98672</b>  |  |   | 28. DATE FILED (Month, Day, Year)<br><b>JAN 06 2005</b>  |   | 29. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   |  |  |
| RESERVED FOR REGISTRAR'S USE   |  |   |  |   |   |  |  |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN  |  |   |  |   |   |  |  |
| 30. TIME OF DEATH<br><b>5:50P M</b>  |  | 31. WAS MEDICAL EXAMINER NOTIFIED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | 32. TIME OF DEATH<br><b>5:50P M</b>   |   | 33. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)<br><b>December 15, 2004 5:50P M</b>  |  |
| 34. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.<br>(Signature)<br><b>[Signature]</b>   |  |   |  | 35. 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.<br>(Signature)<br><b>[Signature]</b> |   |  |  |
| 36. DATE SIGNED (Month, Day, Year)<br><b>December 21, 2004</b>   |  |   |  | 37. COUNTY<br><b>STATE OF OREGON</b>  |   |  |  |
| 38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)<br><b>KAREN GUNSON, M. D., STATE MEDICAL EXAMINER, 13309 S. E. 84th AVENUE, #100, CLACKAMAS, OR 97015</b>  |  |   |  | 39. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (Type or Print)  |   |  |  |
| 40. 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.  |  |   |  | 41. INTERVAL BETWEEN ONSET AND DEATH  |   |  |  |
| PART (a) HEAD INJURY WITH SUBDURAL HEMATOMA<br>DUE TO, OR AS A CONSEQUENCE OF:   |  |   |  | Interval between onset and death  |   |  |  |
| (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  |   |  |  |
| PART OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to death but not resulting in the underlying cause given in PART I.   |  |   |  | 42. Did tobacco use contribute to the death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown      |   | 43. AUTOPSY<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| 44. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other |  | 45a. DATE OF INJURY (Month, Day, Year)<br><b>December 8, 2004</b>   |  | 45b. TIME OF INJURY<br><b>4:00P M</b>   |   | 45c. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 46. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)<br><b>Home</b>   |  | 47. DESCRIBE HOW INJURY OCCURRED<br><b>Fell at home on level striking head on furniture</b>               |  | 48. LOCATION (Street and Number or Rural Route Number, City or Town, State)<br><b>152 Button Road, Stevenson, WA</b>  |   | 49. YES - If findings consider in determining cause of death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |
| RESERVED FOR REGISTRAR'S USE<br><b>04-3660</b>   |  |   |  |   |   |  |  |

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

JAN 07 2005

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

*Lila Wickham RN MS*  
LILA WICKHAM, RN, MS  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

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