

**AFTER RECORDING MAIL TO:**

Name Debbie Zable

Address 2808 NE 96th Ave.

City/State Vancouver, WA 98662

Scat 28130

**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. MYRON ENOCH ZABLE
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. DEBBIE ZABLE
- 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)  
Lot 2, Block 6 Plat of Relocated North Bonneville, recorded in Book 'B' of  
Plats, at page 12, Auditor's File No. 83466, also recorded in Book 'B' of  
Plats at page 28, Auditor's File No. 84429, records of Skamania County,  
Washington.

☐ Complete legal description is on page \_\_\_\_\_ of document

**Assessor's Property Tax Parcel / Account Number(s):** 02-07-20-4-3-1900-00

Gary H. Martin, Skamania County Assessor

WA-1

*GHM* Date 10-4-05 Parcel # 2-7-20-4-3-1900

**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**

25350  
OCT - 4 2005

PAID EXEMPT  
*Andrew Fabian Deputy*  
SKAMANIA COUNTY TREASURER

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix		2. Death Date					
Myron Enoch ZABLE		9-09-2005					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Cause of Death		6. County of Death	
M	71	Months Days	Hours Minutes			Clark	
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
11-27-1933		Breuhm		Kansas		Some College credit, but no degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? NO	
No				White			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)						13b. City or Town	
602 Shalaha Dr						North Bonneville	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamina				WA		98639	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
26 yrs		Widowed					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Head Custodian				Stevenson School District			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Perle Zable				Sarah Messch			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town, State Zip			
Debbie Zable		Daughter		2808 NE 96th Ave, Vancouver, WA 98662			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
				Care Center			
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	
Stonebridge Memory Care, 7900 NE Van Mall Dr.				Vancouver		WA	
27. Zip Code		28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
98662		Cremation		Portland Cremation Center		Portland, Oregon	
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Evergreen Staples FC, 4700 NE St. Johns Rd, Vancouver, WA						9/16/2005	
33. Funeral Director Signature X							
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. Sepsis				Interval between Onset & Death			
Due to (or as a consequence of):				11 days			
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.				Interval between Onset & Death			
Due to (or as a consequence of):							
c.				Interval between Onset & Death			
Due to (or as a consequence of):							
d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
Parkinsonism, Lewy Body Dementia				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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:				Apt. No.			
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.				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.			
X <i>Charles Fein</i>							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
Dr. Charles Fein, 2211 E. Mill Plain Blvd., Vancouver, WA 98661				Fein 2045			
52. Date Signed (MM/DD/YYYY)				53. Title of Certifier		54. License Number	
9/13/05				MD			
55. ME/Coroner File Number				56. Was case referred to ME/Coroner?			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
X <i>[Signature]</i>				SEP 2005			
59. Amendments							

DC # 2005158943  
Page 2 of 6

FILED

SEP 28 2005

JoAnne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF CLARK COUNTY, WASHINGTON

In re the Estate of:

MYRON ENOCH ZABLE,

Deceased.

NO. 05-4 00688 0

ORDER GRANTING  
NONINTERVENTION POWERS AND  
DIRECTING ADMINISTRATION  
WITHOUT COURT INTERVENTION

The Personal Representative of this estate, having filed with the Court a petition for an Order directing administration without Court intervention, the Court finds:

1. The decedent died intestate; Petitioner was appointed and has qualified to act as Administratrix with Will Annexed of the estate, and is not a creditor of the estate;

2. The assets of the estate exceed its liabilities, and the estate is fully solvent;

3. The decedent's estate is entitled to be administered without Court intervention; now, therefore, it is

//

//

//

//

ORDER GRANTING  
NONINTERVENTION POWERS - 1  
(N:\Zable-18044001\PI\P11.DOC)

WG  
WEBER GUNN  
ATTORNEYS AT LAW

7700 NE 26th Avenue • Vancouver, WA 98665-0672  
(360) 574-1600 • (503) 285-2422 • Fax (360) 574-3688

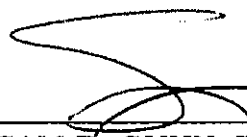
DC # 2005158943  
Page 3 of 6

1 IT IS ORDERED that DEBBIE L. ZABLE, is hereby granted non-  
2 intervention powers and may proceed to administer and settle this estate in  
3 the manner provided by law without other or further intervention or  
4 supervision of the Court.

5 DONE IN OPEN COURT this 27 day of September, 2005.

6  
7   
8 JUDGE

9 Presented by:

10   
11  
12 SAM B. GUNN, WSBA#6160  
13 Of Attorneys for Personal  
14 Representative  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

FILED

SEP 28 2005

JoAnne McBride, Clerk, Clark Co.

IN THE SUPERIOR COURT OF CLARK COUNTY, WASHINGTON

In re the Estate of:

MYRON ENOCH ZABLE,

Deceased.

NO. 05 4 00688 0  
ORDER ADMITTING WILL TO  
PROBATE, AND APPOINTING  
PERSONAL REPRESENTATIVE

THE COURT having considered the Petition of Debbie L. Zable, praying that a certain document purporting to be the Last Will and Testament of Myron Enoch Zable, be admitted to probate, and that said Debbie L. Zable be appointed Administrators with Will Annexed thereof, and it appearing to the Court that the Petitioner states facts essential to give this Court jurisdiction to admit the Will to probate, and testimony having been heard, reduced to writing and certified by the Court, the Court finds that:

1. Myron Enoch Zable died testate on or about September 9, 2005 at Vancouver, Clark County, Washington, a resident thereof, leaving at the time of his death property subject to administration in Clark County, Washington.

2. The document filed herein was duly executed by Myron Enoch Zable on April 10, 1997 at Vancouver, Clark County, Washington, in the presence of Leslie M. Swindell and Michael Beaty, competent subscribing witnesses thereof. The attestation of witnesses is filed herein. The witnesses attested to the document in the presence of Myron Enoch Zable at his request, and Myron Enoch Zable was at the time of executing the document

ORDER ADMITTING WILL TO PROBATE - 1  
(N:\Zable-18044001\P\P02.DOC)

WG  
WEBER|GUNN  
ATTORNEYS AT LAW

7700 NE 26th Avenue • Vancouver, WA 98665-0672  
(360) 574-1600 • (503) 285-2422 • Fax (360) 574-3688

DC # 2005158943  
Page 5 of 6

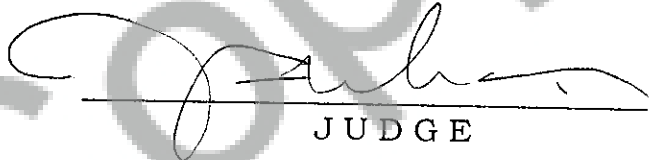
1 above the age of majority and of sound mind and not under duress, menace,  
2 fraud or undue influence or in any respect incompetent to execute the same.

3 3. The person named in the Will to act as primary Personal  
4 Representative, Edith Zable, and the alternate Personal Representative, Gale  
5 Zable, are both deceased. The petitioner, Debbie L. Zable, is a daughter of the  
6 deceased, is willing and qualified to act, and entitled to Letters of  
7 Administration with Will Annexed under RCW 11.28.120(2) on filing her oath  
8 and bond in the sum of \$ 5, all proceeds to be through  
9 Mr. Gunn's trust account.


10 NOW, THEREFORE, it is hereby,

11 ORDERED that the document filed in this Court on the 16th day of  
12 September, 2005, be and it is hereby admitted to probate as the Last Will and  
13 Testament of Myron Enoch Zable, deceased, and Debbie L. Zable be, and  
14 hereby is confirmed as Administrator with Will Annexed thereof upon filing  
15 her oath and bond in the sum of \$ 5

16 DONE IN OPEN COURT this 16th day of September, 2005.

17   
JUDGE

18 Presented by:

19   
20  
21 SAM B. GUNN, WSBA#6160  
22 Of Attorneys for Petitioner