

Return Address:

Vinton Harrison Roberts
2789 N. "O" Street
Washougal WA 98671

Document Title(s) or transactions contained herein:

Death Cert.

REAL ESTATE EXCISE TAX

GRANTOR(S) (Last name, first name, middle initial)

Roberts, Mary L.
Roberts, Vinton Harrison

25356
OCT - 5 2005

PAID

EXEMPT

Audrey Fehmi, Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Roberts, Vinton Harrison

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Lot 23 Block 3 Woodard Marina Estates

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

07-06-34-1-4-2300-00

☐ Property Tax Parcel ID is not yet assigned

☐ 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 CERTIFICATE OF DEATH

2. COPIES 3	1. NAME First: Mary Middle: Louise Last: ROBERTS						2. SEX (M / F) F		3. DEATH DATE (Mo, Day, Yr) March 2, 2001			
3. HOSPITAL	4. AGE LAST BIRTHDAY (Yrs) 86		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Jan. 13, 1915		8. BIRTHPLACE (City, State or Foreign Country) Greensburg, PA			
4. OCCURRENCE	11. CITY, TOWN OR LOCATION OF DEATH Vancouver						12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Hampton Care Center		13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
5. RESIDENCE	14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)				16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+)			
6. TRACT	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker						19. KIND OF BUSINESS OR INDUSTRY Own Home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No			
7. OCCUPATION	22. RESIDENCE—NUMBER AND STREET 2109 SE 135th Avenue						23. CITY/TOWN, OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes / No) Yes			
8.	25A. COUNTY Clark						25B. LENGTH OF RES. IN CO. 7 yrs.		26. STATE WA			
9.	27. ZIP CODE 98683						28. FATHER'S NAME—FIRST, MIDDLE, LAST Daniel - Cremonese		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Falconilda - Teti Cremonese			
10.	30. INFORMANT—NAME Harrison Roberts						31. MAILING ADDRESS STREET OR RFD NO. 2109 SE 135th Avenue		32. CITY OR TOWN Vancouver, WA			
11.	33. DATE (Mo, Day, Yr) 3/7/2001						34. CEMETERY/CREMATORY—NAME Willamette National Cemetery		35. LOCATION—CITY/TOWN, STATE Portland, Oregon			
12.	36. FUNERAL DIRECTOR SIGNATURE X Scott A. Newkirk						37. NAME OF FACILITY Holman's Funeral Service		38. ADDRESS OF FACILITY 2610 SE Hawthorne Blvd. Portland, OR 97214			
13.	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
14.	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 [Signature]						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]					
15.	40. DATE SIGNED (Mo., Day, Yr) 3-15-01						41. HOUR OF DEATH (24 Hrs.) 1600					
16.	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						44. DATE SIGNED (Mo., Day, Yr)					
17.	46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) John R. Swan, MD. 315 SE Stone Mill Drive, Vancouver, WA 98684						47. HOUR PRONOUNCED DEAD (24 Hrs.)					
18.	48. ME/CORONER FILE NUMBER						49. ME/CORONER FILE NUMBER					
19.	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Dementia (Alzheimer's-like)					
20.	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. Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF:					
21. ACC LOC	B. DUE TO, OR AS A CONSEQUENCE OF:						C. DUE TO, OR AS A CONSEQUENCE OF:					
22. QUERIES	D. DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH 20 years					
23.	52. ACC SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)						53. INJURY DATE (Mo, Day, Yr)					
24.	54. HOUR OF INJURY (24 Hrs)						55. DESCRIBE HOW INJURY OCCURRED:					
	56. INJURY AT WORK? (Yes / No)						57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)					
	58. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE						59. AUTOPSY? (Yes / No) No					
	60. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No						61. RECORD AMENDMENT (Registrar's use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE					
	62. SIGNATURE [Signature]						63. DATE RECEIVED (Mo., Day) MAR 05 2001					

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly OSHS 9-150)

A

DOH 01-003 (5/99)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER _____ for 2. NAME _____	
3. DATE OF EVENT _____ 4. PLACE OF EVENT (City and County) _____			5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) _____ 6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) _____	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: THE RECORD NOW SHOWS:				
7. _____			8. _____	
9. _____			10. _____	
11. _____			12. _____	
13. _____			14. _____	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15. _____
PHONE NUMBER: _____ I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DOH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

CERTIFIED

MAR 05 2001

Karen R. Steingart, MD
 Dr. Karen Steingart
 Health District Office
 S.W. Washington Health District
 HH00647548

MC # 2005150972
 Page 3 of 5



First American Title Insurance Company

Filed for Record at Request of

Name Harrison Roberts

Address 1111 East 40th Avenue

City and State Vancouver, WA 98661

117642

02-06-34-1-4-2300-00
SCTC #18171

Statutory Warranty Deed

THE GRANTOR BARBARA H. BESSER, aka B.H. Besser, a single person----
for and in consideration of THIRTY THOUSAND & NO/100 (\$30,000.00)----

in hand paid, conveys and warrants to MARY L. ROBERTS, as her separate estate and VINTON HARRISON ROBERTS, as his separate estate with rights of survivorship----
the following described real estate, situated in the County of Skamania, State of Washington:

FOR LEGAL DESCRIPTION PLEASE SEE EXHIBIT "A" ATTACHED HERETO----

016150

REAL ESTATE EXCISE TAX

OCT 12 1993

PAID 384.00

SKAMANIA COUNTY TREASURER

Dated

Aug 17, 1993

B.H. Besser
B.H. Besser

Registered ☒
Indexed, Dr ☒
Indirect ☒
Filmed ☒
Mailed ☒

STATE OF WASHINGTON

COUNTY OF Skamania

On this day personally appeared before me

B.H. Besser

to me known to be the individual(s) 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 uses and purposes therein mentioned.

GIVEN UNDER MY SEAL and official seal this

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

Stevenon

STATE OF WASHINGTON

STATE OF WASHINGTON

COUNTY OF _____

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 _____ President and _____ Secretary,

to me known to be the _____ respectively, of _____ 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 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 _____

THIS SPACE PROVIDED FOR RECORDER'S USE:

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

OCT 12 2 35 PM '93

AUDITOR
GARY M. OLSON

BOOK 138 PAGE 704

Glenda J. Kimmel, Skamania County Assessor
By: 6 2-6-34-1-4-2300

MP # 2005150972
Page 4 of 5

EXHIBIT "A"

Lot 23, Block 3, WOODARD MARINA ESTATES, according to the Plat thereof, recorded in Book A, Pages 114 and 115, in the County of Skamania, State of Washington.

1. Right of Way Easement for Electric Transmission and Distributing Lines, including the terms and provisions thereof, in favor of Northwestern Electric Company, recorded July 31, 1912 in Book O, Page 23, Skamania County Deed Records.

2. Right of Way Easement for Utilities, including the terms and provisions thereof, in favor of Public Utility District No. 1 of Skamania County, recorded April 3, 1963 in Book 51, Page 86, Auditors File No. 61239, Skamania County Deed Records.

3. Restrictive Covenants and Conditions, including the terms and provisions thereof, recorded August 17, 1964 in Book 53, Page 164, Auditors File No. 63973, Skamania County Deed Records, also by instrument recorded May 11, 1967 in Book J, Page 163, Auditors File No. 68597, Skamania County Miscellaneous Records, and by instrument recorded May 1, 1970 in Book J, Page 270, Auditors File No. 72096, Skamania County Miscellaneous Records.

Amendment to By Laws including the terms and provisions thereof recorded September 3, 1993 in Book 137, Page 818, Skamania County Deed Records.

4. Assessments as disclosed by the By-Laws shown above.

5. Conditions and Restrictions as shown on the Plat recorded in Book A, Page 114 and 115, Skamania County Plat Records.

Gary H. Martin, Skamania County Assessor

Date 10/5/05 Parcel # 26-34-1-4-2300