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Date: 12/30/2005 12:15P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $34.00

REAL ESTATE EXCISE TAX

25601

DEC 30 2005

PAID exempt

SKAMANIA COUNTY TREASURER

RETURN ADDRESS:

Stewart Title of Western Washington
303 E. 16th Street
Vancouver, WA 98663
Escrow Number: 138864SB

SCR28491

Document Title(s):

DEATH CERTIFICATE

Reference Number(s) of related documents:

Additional Reference #'s on page

Grantor(s) (Last, First and Middle Initial)
SNYDER, LARRY VERN

Additional grantors on page

Grantee(s): (Last, First and Middle Initial)
SNYDER, JEANNE

Additional grantees on page

Legal Description: (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)
NE ¼ SEC 10 T1N R5E

Additional Legal is on page * 3

Assessor's Property Tax Parcel / Account Number:
01-05-10-0-0-0800-00 JW 12-30-05

Additional parcel #'s on page *

The Auditor/Record 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 provided herein.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

8020
LOCAL FILE NUMBER

146
STATE FILE NUMBER

DECEDENT

1 NAME—FIRST MIDDLE LAST	2 SEX	3 DEATH DATE (Mo., Day, Yr.)
LARRY VERN SNYDER	MALE	SEPT 05 1990

4 AGE LAST BIRTH DAY (Yrs)	5 UNDER 1 YEAR MOS / DAYS	6 UNDER 1 DAY HOURS / MINS	7 BIRTHDATE (Mo., Day, Yr.)	8 BIRTH STATE (If not in USA give country)	9 CITIZEN OF WHAT COUNTRY?	10 COUNTY OF DEATH
79			SEPT 24 1910	WASHINGTON	U.S.A.	KING

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME. 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☒ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13 SMOKING IN LAST 15 YEARS? (Yes/No)
SEATTLE	04. PROVIDENCE MEDICAL CENTER	NO

14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	15 SURVIVING SPOUSE (If wife give maiden name)	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17 SOCIAL SECURITY NO.	18 HIGH SCHOOL GRADUATE? (Yes/No)
MARRIED	JEANNE KUNZMAN	YES	[redacted]	YES

19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20 KIND OF BUSINESS OR INDUSTRY	21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.)	22 RACE (White, Black, Asian or Pacific Islander, Am. Ind.; Hispanic, etc. (Specify)
SUPERINTENDANT DEPT.	OF PUBLIC WORKS CITY GOVERNMENT	2 X No	WHITE

23 RESIDENCE - NUMBER AND STREET	24 CITY/TOWN, OR LOCATION	25 INSIDE CITY LIMITS? (Yes/No)	26 COUNTY	27 STATE	28 ZIP CODE
28243 MANZANITA BEACH RD. S.W.	VASHON	NO	KING	WASHINGTON	98070

PARENTS

29 FATHER'S NAME—FIRST MIDDLE LAST	30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
VERN SNYDER	ELIZABETH O'HAFFEY

31 INFORMANT—NAME	32 MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
JEANNE SNYDER (WIFE)	P.O. BOX 5044	DOCKTON,	WA	98070

DISPOSITION

33 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34 DATE (Mo., Day, Yr.)	35 CEMETERY/CREMATORY—NAME	36 LOCATION—CITY/TOWN, STATE
BURIAL	SEPT 8 1990	VASHON CEMETERY	VASHON, KING CO. WASHINGTON

37 FUNERAL DIRECTOR SIGNATURE	38 NAME OF FACILITY	39 ADDRESS OF FACILITY
X EDIM J. WILCOXEN	ISLAND FUNERAL SERVICE	18005 VASHON HIGHWAY S.W. VASHON, WA. 98070

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE
X [signature] M.D.

42 DATE SIGNED (Mo., Day, Yr.)	43 HOUR OF DEATH (24 Hrs.)
9/6/90	1530 Hrs.

46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41 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) STATED

SIGNATURE AND TITLE
X

44 DATE SIGNED (Mo., Day, Yr.)	45 HOUR OF DEATH (24 Hrs.)

47 PRONOUNCED DEAD (Mo., Day, Yr.)	48 HOUR PRONOUNCED DEAD (24 Hrs.)

49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
DIANA K. KENNEDY M.D. PACIFIC MEDICAL CENTER

CAUSE OF DEATH

50 PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	(A) Polycythemia vera with Blast phase,	
	DUE TO, OR AS A CONSEQUENCE OF (B) B	Anemia + platelet dysfunction
	DUE TO, OR AS A CONSEQUENCE OF (C)	

51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52 AUTOPSY? (Yes, No)	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
Pneumonia	NO	NO

54 ACC., SUICIDE, HO., UNDET., OR PENDING INVEST (Specify)	55 INJURY DATE (Mo., Day, Yr.)	56 HOUR OF INJURY (24 Hrs.)	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 REGISTRAR SIGNATURE	62 DATE RECEIVED (Mo., Day, Yr.)
X Susan M. Wilcoxen	SEPT. 06, 1990

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (5/92)

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EXHIBIT 'A'

All of the West half of the Southeast Quarter of the Northeast Quarter of Section 10, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, lying North of the North line of State Highway Number 8 and Southerly of Krogstead Road.