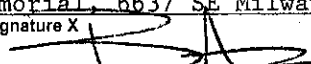


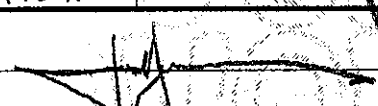
Return Address:

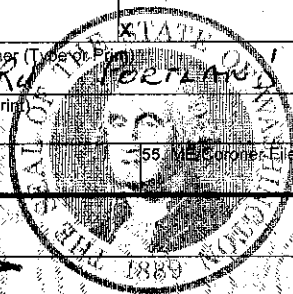
Mike and Lori Stevens
122 Borden Rd.
Carson, Wash. 98610

Document Title(s) or transactions contained herein: DEATH certificate	
GRANTOR(S) (Last name, first name, middle initial) WILLIS H. STEVENS FIRST LAST	
REAL ESTATE EXCISE TAX 25685	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) STEVENS MICHAEL H. STEVENS LORI D.	
PAID exempt by deputy FEB 01 2006 SKAMANIA COUNTY TREASURER	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) SEE ATTACHED SHEET N.W. 1/4 Sect. 6 T3N R8E	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03 08-06 00 010100 10180 10106 2-1-06 gtn	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> 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

Local File Number D2		2		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Willis Henry Stevens						2. Death Date Jan. 12, 2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania		
7. Birthdate Aug. 17, 1924		8a. Birthplace (City, Town, or County) Cockrel Hill		8b. (State or Foreign Country) Texas		9. Decedent's Education 12th Grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 52 Borden Road						13b. City or Town Carson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98610	
14. Estimated length of time at residence. 20 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Shirley Jean Roberts			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Heavy Duty Mechanic				18. Kind of Business/Industry (Do not use Company Name) Logging			
19. Father's Name (First, Middle, Last, Suffix) Harry E. Stevens				20. Mother's Name Before First Marriage (First, Middle, Last) Willie Maude Walker			
21. Informant's Name Shirley Stevens		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 555, Carson, Washington 98610			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home			
25. Facility Name (If not a facility, give number & street or location) 52 Borden Road				26a. City, Town, or Location of Death Carson		26b. State WA	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Wilhelm Crematory		30. Location-City/Town, and State Portland, Oregon		27. Zip Code 98610	
31. Name and Complete Address of Funeral Facility Heritage Memorial, 6637 SE Milwaukie Avenue, Portland, Oregon 97202						32. Date of Disposition January 17, 2006	
33. Funeral Director Signature X 							

34. Enter the <u>chain of events</u> - 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. Prostate Cancer				Interval between Onset & Death 6 years			
Due to (or as a consequence of):				Interval between Onset & Death			
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				Interval between Onset & Death			
b.				Interval between Onset & Death			
c.				Interval between Onset & Death			
d.				Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 x Eileen J. Gilmartin N.P.				48b. Medical Examiner/Coroner - VAMC			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 3710 SW US Veterans Hosp. Rd. Portland, OR						50. Hour of Death (24hrs) 1600	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Nurse Practitioner						52. Date Signed (MM/DD/YYYY) 01-13-2006	
53. Title of Certifier Nurse Practitioner		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 						58. Date Received (MM/DD/YYYY) JAN 17 2006	
59. Amendments							



DOC # 2006160423
Page 2 of 3

Gary H. Martin, Skamania County Assessor

Date 2-1-06 Parcel # 3-8-6-101-00
2871 101-80
101-06

PARCEL I

A tract of land in the Northwest Quarter of the Northwest Quarter of Section 6, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast corner of Government Lot 4 in said Section 6; thence South along the East line of said Lot 4 a distance of 665 feet to the true point of beginning; thence North 89° West 600 feet; thence North 30° West 435 feet; thence North 99° West 300 feet; thence South 60° West 276 feet to the West line of Government Lot 4; thence South along said West line 350 feet more or less to the Northeast corner of the Southeast Quarter of the Northeast Quarter of Section 1, Township 3 North, Range 7½ East of the Willamette Meridian, which is also the Northeast corner of a tract of land conveyed to Sigrid D. Hall by instrument recorded in Book 48, Page 421, Skamania County Deed Records; thence East along said North line 1,300 feet to the east line of said government Lot 4; thence North along said East line to the true point of beginning.

PARCEL II

A tract of land in the Northwest Quarter of the Northwest Quarter of Section 6, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast corner of the Southeast Quarter of the Northeast Quarter of Section 1, Township 3 North, Range 7½ East of the Willamette Meridian; thence East 1,300 feet more or less to the east line of Lot 4 of Section 6, Township 3 North, Range 8 East of the Willamette Meridian; thence South following the East line of the said Lot 4 a distance of 475 feet; thence West 1,300 feet more or less to intersection with the east line of the said Section 1; thence North 475 feet more or less to the point of beginning.