

Doc # 2006161319  
Page 1 of 4  
Date: 04/26/2006 10:20A  
Filed by: ANITA GAHIMER  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$35.00

Return Address: **REAL ESTATE EXCISE TAX**

Anita Gahimer Crow 25888  
132 Fouts Road APR 26 2006  
Cook WA 98605

PAID Exempt  
Vicki Chelland, Deputy  
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

Assignment and Waiver of Community Interest

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

Johanson, Jean E., an heir and devisee to the estate  
of Icel Benson, deceased.

Johanson, Carl  
☐ Additional names on page of document.

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

Gahimer Crow, Anita R. • Hansel, Virginia H.  
Gahimer, Ernest D. • Gahimer, Frank E.  
☐ Additional names on page of document.

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

SE qtr of the SW qtr and the SW qtr of the SE qtr of  
Section 23 Township 3 North, Range 9 East of the

☐ Complete legal on page of document. Willamette Meridian.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03090000410006 and 03090000410000  
G.S.

☐ 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.

1  
2  
3 **IN THE SUPERIOR COURT OF WASHINGTON**  
4 **IN AND FOR SKAMANIA COUNTY**

5 In Re the Matter of the Estate of )

NO. 94-4-0009-7

6 **ICEL BENSON,**  
7 **deceased.**

)  
) **ASSIGNMENT**  
) **AND WAIVER OF**  
) **COMMUNITY INTEREST**

8  
9 I, Jean Johanson, an heir and devisee to the estate of Icel Benson, deceased, Skamania  
10 County Superior Court Probate Number 94-4-0009-7, for good and valuable consideration, receipt  
11 of which is hereby acknowledged, do hereby grant, convey and assign all of my right to title and  
12 interest in and to my beneficial share of the above referenced estate to Anita Gahimer, along with all  
13 improvements, additions, and accessions thereto.

14 DATED this 1st day of September, 2000.

15  
16   
17 Jean Johanson

18 **WAIVER OF COMMUNITY INTEREST**

19 I, Carl Johanson, do hereby waive any community interest that I may have regarding Jean  
20 Johanson's share of the above referenced estate, and I hereby grant said interest, if any, to Anita  
21 Gahimer.

22 DATED this 1st day of September, 2000.

23  
24   
25 Carl Johanson

26  
27 Assignment  
28 Page 1

KIELPINSKI & WOODRICH  
ATTORNEYS AT LAW  
40 Cascade Avenue \* P.O. Box 510  
Stevenson, Washington 98648  
Telephone: (509) 427-5665  
Fax: (509) 427-7618

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

18

LOCAL FILE NUMBER



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: ICEL Middle: JUNE Last: BENSON				2. SEX (M / F) Female		3. DEATH DATE (Mo. Day, Yr) April 28, 1994	
4. AGE LAST BIRTHDAY (Yrs) 62		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTH DATE (Mo. Day, Yr) Aug. 19, 1931	
8. BIRTH PLACE (City, State or Foreign Country) Medford, Oregon				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Skamania	
11. CITY, TOWN OR LOCATION OF DEATH Cook				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. ROOM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE 0:01 Fouts Road			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No							
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) 12+ College (14 or 5+) 1+	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Treasurer		19. KIND OF BUSINESS OR INDUSTRY Fair Board		20. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 0.01 Fouts Road		23. CITY/TOWN OR LOCATION Cook		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skamania	
26. STATE Wash.		27. ZIP CODE 98605		28. LENGTH OF RES. IN CO. 47 Yrs			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Willard F. Seymour				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Nilva H. Ayers			
30. INFORMANT—NAME Anita Gahimer - Daughter				31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 1424 Goethals Dr., Richland, Washington 98352			
32. BURIAL CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) May 1, 1994		34. CEMETERY/CREMATORY—NAME Mt. Pleasant Grange Cemetery		35. LOCATION—CITY/TOWN, STATE Washougal, Washington	
36. FUNERAL DIRECTOR'S SIGNATURE X [Signature]		37. NAME OF FACILITY Straub's Funeral Home		38. ADDRESS OF FACILITY 325 N. E. 3rd Ave. Camas, WA 98607			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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] M.D.				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]			
40. DATE SIGNED (Mo. Day, Yr) May 2, 1994		41. HOUR OF DEATH (24 Hrs.) 1900		44. DATE SIGNED (Mo. Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) A. Glass M.D.				46. PROCLAIMED DEAD (Mo. Day, Yr)		47. HOUR FROM ONSET DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Norm Bindorf, M.D. - 3600 N. Interstate Ave., Portland, OR 97227				49. MEDICORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
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.		Metastatic Colorectal Cancer				INTERVAL BETWEEN ONSET AND DEATH 14 Years	
A. 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	
D. DUE TO, OR AS A CONSEQUENCE OF						INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE; HOMICIDE; 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, BLDG, ETC. (Specify) [REDACTED]					
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. [REDACTED]		63. DATE RECEIVED (Mo. Day, Yr.) May 4, 1994		DOH 01-003 (5/92)	

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EXHIBIT 'A'

The southeast quarter of the southwest quarter and the southwest quarter of the southeast quarter of Section 23, Township 3 North, Range 9 East of the Willamette Meridian.

EXCEPT the following described tract; Beginning at the quarter corner on the south line of the said section 23; thence east 780 feet; thence north 988.60 feet; thence south  $50^{\circ}27'$  west 725.95 feet; thence south  $22^{\circ}41'$  west to the point of beginning.

Gary H. Martin, Skamania County Assessor

Date 4/26/06 <sup>63</sup> Parcel # 3-9-4100