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REAL ESTATE EXCISE TAX

25923

MAY - 3 2006

PAID

exempt
Wilmer Edge
SKAMANIA COUNTY TREASURER

Doc # 2006161431
Page 1 of 3
Date: 05/03/2006 02:29P
Filed by: JEROME F ELINE II
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$24.00

DEATH CERTIFICATE

Reference numbers of related documents: Community Property Agreement #2004152024

Grantee(s): Beatrice Edge

Grantee(s): Wilmer Edge

Legal Description: A tract of land in Lot 8 of the OREGON LUMBER COMPANY'S SUBDIVISION, according to the official plat thereof on file and of record at page 29 of Book "A" of Plats, Records of Skamania County, Washington.

Assessor's Property Tax Parcel Account Number: 03-09-14-3-0-1002-00

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

411276
I.D. TAG NO.

012-2004
Local File Number

136

State File Number

1. DECEDENT'S NAME Beatrice S. EDGE 2. SEX Female 3. DATE OF DEATH (Month, Day, Year) January 21, 2004 4. SOCIAL SECURITY NUMBER [REDACTED] 5a. AGE-Last Birthday (Years) 80 5b. Under 1 Year Mos. 0 Days 0 5c. Under 1 Day Hours 0 Mins. 0 6. BIRTHPLACE (City and State or Foreign Country) Zinc, AR 7. DATE OF BIRTH (Month, Day, Year) October 25, 1923 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 9a. PLACE OF DEATH (Check only one) ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify) 9b. CITY, TOWN, OR LOCATION OF DEATH Hood River 9c. COUNTY OF DEATH Hood River 10a. DEEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker 10b. KIND OF BUSINESS/INDUSTRY Own Home 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married 12. SPOUSE (If Married, Widowed, Divorced) (Specify) Wilmer 13a. RESIDENCE - STATE Washington 13b. COUNTY Skamania 13c. CITY, TOWN OR LOCATION Coquille 13d. STREET AND NUMBER 261 Rist Road 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ Yes ☐ No 15. RACE American Indian or Alaska Native, Black, White, etc. (Specify) White 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12 17. FATHER - NAME first middle last James Emmitt Stewart 18. MOTHER - NAME first middle last Ada Stepp 19. INFORMANT - NAME and relationship to decedent Bill Edge, Son 20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Terrace Heights Memorial Park 20c. LOCATION - City or Town, State Yakima, Washington 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i> 21b. OREGON LICENSE NO. (if available) 3738 22. NAME, ADDRESS AND ZIP OF FACILITY Shaw & Sons Funeral Directors 201 N. 2nd Street Yakima, WA 98901 23. DATE FILED (Month, Day, Year) January 30, 2004 24. REGISTRAR'S SIGNATURE <i>[Signature]</i> 25. TIME OF DEATH 1:45 P 26. DATE OF DEATH 1/21/04 27. To the best of my knowledge, death occurred at the time, date, place and cause stated. (Signature) <i>[Signature]</i> 28. DATE SIGNED (Month, Day, Year) 1/21/04 29. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kimberly Stutzman, MD 211 Skyline Drive White Salmon, WA 98672 30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 31. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) (a) Chronic Renal Failure (b) Diabetes Mellitus (c) Heart arrest, asthma acute 32. INTERVAL BETWEEN ONSET AND DEATH (Specify) years 33. INTERVAL BETWEEN ONSET AND DEATH (Specify) years 34. INTERVAL BETWEEN ONSET AND DEATH (Specify) years 35. PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. 36. Did tobacco use contribute to the death? ☐ Yes ☒ Probably ☐ No ☐ Unknown 37. AUTOPSY ☐ Yes ☒ No 38. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A 40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other 41a. DATE OF INJURY (Month, Day, Year) 41b. TIME OF INJURY 41c. INJURY AT WORK? ☐ Yes ☒ No 41d. DESCRIBE HOW INJURY OCCURRED 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

ORIGINAL-VITAL STATISTICS COPY

45-21rev (3/00)

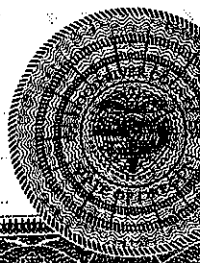
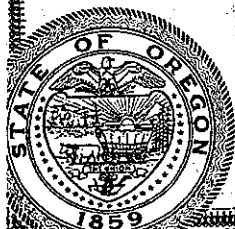
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

JAN 31 2004

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON



DC # 2006161431
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LEGAL DESCRIPTION

A tract of land located in Section 14, Township 3 North, Range 9 East of the Willamette Meridian, described as:

The north 200 feet of the west 960 feet of Lot 8 of OREGON LUMBER COMPANY'S SUBDIVISION, according to the official plat thereof on file and of record at page 29 of Book "A" of Plats, Records of Skamania County, Washington;

EXCEPT THE west 810 feet thereof.

TOGETHER WITH a non-exclusive easement and right of way for an access road 30 feet in width connecting with County Road No. 3041 designated as the Cook Underwood Road.

Gary H. Martin, Skamania County Assessor

Date 5/3/06 ⁶⁵ Parcel # 3-9-14-3-1002