Doc # 2006161431
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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

Return Address:
Jerome F. Eline II
Attorney at Law
1011 Esther Street
Vancouver, WA 98660

REAL ESTATE EXCISE TAX
25923
MAY - 3 2006
PAID exempt
SKAMANIA COUNTY TREASURER

DEATH CERTIFICATE

Reference numbers of related documents: Community Property Agreement #2004152024

Grantor(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.

G.S.

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

TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 411276

012-2004
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Beatrice Middle: S. Last: 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. Days
5c. Under 1 Day: Hours Mins.
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): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Hood River Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d. COUNTY OF DEATH: Hood River
10a. DECEDENT'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): Wilmer
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Cook
13d. STREET AND NUMBER: 261 Rist Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98605
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: James Emmit Stewart
18. MOTHER - NAME first middle maiden: Ada Stepp
19. INFORMANT - NAME and relationship to deceased: Bill Edge, Son

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Mausoleum ☐ 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: [signature]
21b. OREGON LICENSE NO. (Of Licensee): 3738
22. NAME, ADDRESS AND ZIP OF FACILITY: Shaw & Sons Funeral Directors, 201 N. 2nd Street Yakima, WA 98901

REGISTRAR

23. DATE FILED (Month, Day, Year): January 30 2004
24. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:45 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [signature]
30. DATE SIGNED (Month, Day, Year): 1/27/04

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year)
COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kimberly Stutzman, MD 211 Skyline Drive White Salmon, WA 98672
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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.

PART I
(a) Chronic Renal Failure — Interval between onset and death: 2 years
DUE TO, OR AS A CONSEQUENCE OF:
(b) Diabetes Mellitus — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.: [illegible] angina, asthma, gout

37. Did tobacco use contribute to the death? ☐ Yes ☒ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

45-2-Rev (3/00)

ORIGINAL-VITAL STATISTICS COPY

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

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

DATE ISSUED: JAN 31 2004

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 Parcel # 3-9-14-3-1002