

Return Address:

Don Leonard
PO Box 334
Carson, WA 98610

Document Title(s) or transactions contained herein:

~~ZPA~~

DEATH CERTIFICATE

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

LEONARD, BERNARD F.

AKA BERNARDINE F. LEONARD

☐ Additional names on page of document.

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

LEONARD, DON (M.D.)

☐ Additional names on page of document.

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

SEE ATTACHED

SE SE Section 20 T3N R8EWM 25957

☐ Complete legal on page of document.

REAL ESTATE EXCISE TAX

MAY 19 2006

REFERENCE NUMBER(S) of Documents assigned or recorded

CFA BK 59 PG 96

PAID EXEMPT

Audrey J. J. Deputy
SKAMANIA COUNTY TREASURER

☐ Additional numbers on page of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03 08 20 44 1800 00

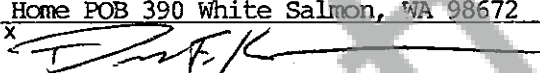
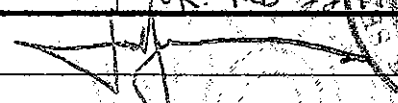
04 07 23 34 0500 00 5-19-06

☐ 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.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D-2 22		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST BernaDean Faye LEONARD			2. Death Date May 8, 2006		
3. Sex (MF) Female	4a. Age - Last Birthday 79	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate April 11, 1927		8a. Birthplace (City, Town, or County) Carson		8b. (State or Foreign Country) Washington	
9. Decedent's Education 10th 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? No		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 211 Hot Springs Ave				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
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. 48 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Don Leonard	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Earl Brockman			20. Mother's Name Before First Marriage (First, Middle, Last) Myrtle Bevans		
21. Informant's Name Don Leonard		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 334 Carson, WA 98610	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (if not a facility, give number & street or location) 211 Hot Springs Ave				26a. City, Town, or Location of Death Carson	26b. State WA
				27. Zip Code 98610	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Wind River Memorial Cemetery		30. Location-City/Town, and State Carson, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672				32. Date of Disposition May 13, 2006	
33. Funeral Director Signature X 					
Cause of Death (See Instructions and examples)					
34. Enter the chain of events - 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. Kidney failure		Interval between Onset & Death 1 year	
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		b. dyo-induced nephropathy		Interval between Onset & Death 1 year	
		c. coronary artery disease		Interval between Onset & Death 5 years	
		d.			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above lupus, cirrhosis from hemosiderosis				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 Kristin Dillon		48b. Medical Examiner/Coroner			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Kristin Dillon, MD 1108 June St. Hood River, OR 97031				50. Hour of Death (24hrs) 1915	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 05/09/2006	
53. Title of Certifier MD		54. License Number OR: MD 22417		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) May 10, 2006	
59. Amendments					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

DOC # 2006161638
Page 2 of 3

EXHIBIT A

03 08 20 4 4 1800 00

PARCEL #1

That portion of the Southeast Quarter of the Southeast Quarter (SE $\frac{1}{4}$ SE $\frac{1}{4}$) of Section 20, Township 3, Range 8 E.W.M., described as follows:

Beginning at a point 30 feet north and 220 feet west of the southeast corner of the said Section 20; thence north 200 feet; thence west 209 feet; thence south 200 feet; thence east 209 feet to the point of beginning.

04 07 23 3 4 0500 00

PARCEL #2

Lots 16, 17, 18 and 19 of EDGEWATER PROPERTIES according to the official plat thereof on file and of record at page 119 of Book A of Plats, Records of Skamania County, Washington.

TOGETHER WITH an easement and right of way for an underground water pipeline and a right of access to a certain spring located on the tract of land between Lots 6 and 7 on the plat aforesaid; provided, however, that said pipeline shall be constructed within the boundaries of the public road dedicated along the westerly line of said plat and shall be limited in use for domestic purposes only.

Gary H. Martin, Skamania County Assessor

Date 5-19-06 Parcel # 03 08 20 4 4 1800

GHM

\$ 04 07 23 3 4 0500