Doc # 2007164464
Page 1 of 3
Date: 01/10/2007 03:10P
Filed by: LAWRENCE JENSON
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: $34.00

Return Address:

Lawrence N Jenson
PO Box 326
Carson, WA 98610

Document Title(s) or transactions contained herein:

CPA –Filed in Skamania County 10-30-98 Bk 182 Pg 732-733
Death Certificate dtd 11/28/06

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

Jenson, Nina M.

[ ] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX
Affidavit
JAN 10 2007
PAID EXEMPT
Audrey Tilton Deputy
SKAMANIA COUNTY TREASURER

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

Jenson, Lawrence N.

[ ] Additional names on page _____ of document.

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

Lot 2 of the Moser Acres Plat

[X] Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03081720015100

Gary H. Martin, Skamania County Assessor
Date 1/10/07 Parcel # 3-8-17-2-0-151
J.M.

[ ] 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.

Unofficial Copy

A TRACT OF LAND LOCATED INT EH EAST HALF OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN ALSO KNOWN AS LOT 2 OF MOSER ACRES PLAT AS FILED IN BOOK "B" OF PLATS, PAGE 54 UNDER AUDITOR'S FILE NO. 9779, RECORDS OF SKAMANIA COUNTY, WASHINGTON

IT IS CONVENNTED AND AGREED THAT SAID REAL PROPERTY INCLUDES AS AN IMPROVEMENT THERETO AND THEREON HTAT CERTAIN 1976 PACIFIC 28 X 52 MOBILE HOME SERIAL #25FGFS2358 AS PART THEREOF; IT SHALL NOT BE SEVERED OR NOR REMOVED THEREFROM.

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: D2 53 — **Washington State Certificate of Death** — State File Number:

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Nina	May	JENSON		Nov 23, 2006

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes	5. Social Security Number	6. County of Death
F	69			[redacted]	Skamania

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
Dec 16, 1936	Cascade	Idaho	HS Graduate or GED

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
131 Old Detour Rd.	Carson

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98610-	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
30Y	Married	Lawrence Nels Jenson

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).	18. Kind of Business/Industry (Do not use Company Name)
Laundry Attendant	Hotel

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
John Milton Coleman	Mary Margaret Anderson

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
Lawrence Nels Jenson	Husband	PO Box 326	Carson	WA	98610-

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
131 Old Detour Rd.	Carson	WA	98610-

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State	32. Date of Disposition
Cremation	Columbia River Crematory	White Salmon, Washington	NOV. 24, 2006

31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672-

33. Funeral Director Signature X: [signature]

Part 1 completed by Funeral Director

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cancer of the Lung — Dx	3/2006 6 Yrs
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
Hypertension Valvular heart disease	☐ Yes ☒ No	☐ Yes ☒ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☒ Yes ☐ Probably ☐ No ☐ 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?
			☐ Yes ☐ No ☐ 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:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

Part 2 completed by Certifier

48a. **Certifying Physician** - To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.
X [signature] MD

48b. **Medical Examiner/Coroner** - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
James G. Janney, III, MD PO Box 1519 White Salmon, WA 98672	1700
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
Ray FitzSimmons, MD	NOV. 24, 2006

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	023		☐ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X	11/28/06

59. Amendments

DOH 01-003 (5/99)

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