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
21616
JAN 10 2007
PAID EXEMPT
Audrey Fahrni 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:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Nina Middle: May LAST: JENSON Suffix:
2. Death Date: Nov 23, 2006
3. Sex (M/F): F
4a. Age – Last Birthday: 69
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: Dec 16, 1936
8a. Birthplace (City, Town, or County): Cascade
8b. (State or Foreign Country): Idaho
9. Decedent's Education: HS Graduate or GED
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.): 131 Old Detour Rd.
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? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 30Y
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Lawrence Nels Jenson
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Laundry Attendant
18. Kind of Business/Industry (Do not use Company Name): Hotel
19. Father's Name (First, Middle, Last, Suffix): John Milton Coleman
20. Mother's Name Before First Marriage (First, Middle, Last): Mary Margaret Anderson
21. Informant's Name: Lawrence Nels Jenson
22. Relationship to Decedent: Husband
23. Mailing Address: Number and Street or RFD No.: PO Box 326 City or Town: Carson State: WA Zip: 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): 131 Old Detour Rd.
26a. City, Town, or Location of Death: Carson
26b. State: WA
27. Zip Code: 98610-
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Columbia River Crematory
30. Location-City/Town, and State: White Salmon, Washington
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672-
32. Date of Disposition: NOV. 24, 2006
33. Funeral Director Signature X

Part 2 completed by Certifier

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. Cancer of the Lung — Interval between Onset & Death: 3/2000 6 yrs

Due to (or as a consequence of):

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. Due to (or as a consequence of): — Interval between Onset & Death:

c. Due to (or as a consequence of): — Interval between Onset & Death:

d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Hypertensive Valvular heart disease
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☒ 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
40. Did tobacco use contribute to death? ☒ 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)
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 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): James G. Janney, III, MD PO Box 1519 White Salmon, WA 98672
50. Hour of Death (24hrs): 1700
51. Name and Title of Attending Physician if other than Certifier (Type or Print): Ray FitzSimmons, MD
52. Date Signed (MM/DD/YYYY): NOV. 24, 2006
53. Title of Certifier: MD
54. License Number: 012 9
55. ME/Coroner File Number
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): 11/28/06
59. Amendments

DOH 01-003 (5/99)

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