

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.

REAL ESTATE EXCISE TAX

11/01/06
JAN 1 0 2007

☐ Additional names on page _____ of document.

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

Jenson, Lawrence N.

PAID EXEMPT

Audrey Martin Deputy
SKAMANIA COUNTY TREASURER

☐ 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

☒ 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.

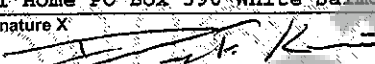
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

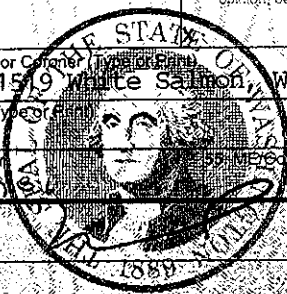
Page Two
Full Legal 03081720015100
Jenson, Lawrence N.

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.

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 Nina May JENSON						2. Death Date Nov 23, 2006	
3. Sex (M/F) F	4a. Age - Last Birthday 69	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 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 5 th 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-	
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 Jensen			
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 Jensen		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 326 Carson WA 98610-			
24. Place of Death, if Death Occurred in a Hospital: 131 Old Detour Rd.				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 							
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. Crush of the Lungs		Due to (or as a consequence of):		Interval between Onset & Death 3/2000 6 hrs	
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.		Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Hypertension, 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 ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of 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: 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. James G. Jarney, III, MD PO Box 1519 White Salmon, WA 98672				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. Jarney, 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 023936		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							



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