

Doc # 2007164741
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Date: 01/22/2007 03:04P
Filed by: GLENDA KIMMEL
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$34.00

REAL ESTATE EXCISE TAX

Return Address:

Glenda J. Kimmel
PO Box 324
Stevenson, WA 98648

26715
JAN 22 2007

PAID

Exempt
Nikki Chelland, Deputy

SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

CPA BK82 AGE 210 AF# 95670 4/27/83
Death Certificate

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

Kimmel, Roy C.

☐ Additional names on page of document.

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

Kimmel, Glenda J.

☐ Additional names on page of document.

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

LOT 8 Stevenson Park Addition

☒ 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

03073614290100

☐ 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.

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

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

136-

STATE FILE NUMBER

1. Legal Name (Include NKA, if any)		First		Middle		Last		Suffix		2. Death Date (MM/DD/YYYY)	
Roy		Carl		KIMMEL						December 19, 2006	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death					
Male	75					Multnomah					
7. Birthdate (MM/DD/YYYY)		8a. Birthplace (City/Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education					
June 19, 1931		Portland		Oregon		High School Graduate					
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		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
13. Residence: Number and Street (e.g., 324 SE 5th Street, Apt. No. 3)		14. City/Town		15. State or Foreign Country		17. Zip Code + 4		18. Inside City Limits?			
371 Kanaka Creek Rd.		Stevenson		Washington		98648		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>			
19. Marital Status at Time of Death		20. Spouse's Name (if married or widowed, give name prior to first marriage)		21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")		22. Kind of Business/Industry (DO NOT USE COMPANY NAME)					
Married		Glenda Curtis		Chocolate Salesman		Candy Sales					
23. Father's Name (first, middle, last, suffix)		24. Mother's Name (first, middle, last)		25. Informant's Name		26. Telephone Number		27. Relation to Decedent		28. Mailing Address (Number, Street, City/Town, State, Zip + 4)	
Robert Otto Kimmel		Nettie Johnson		Glenda Kimmel		509-427-8271		spouse		PO Box 324, Stevenson, WA 98648	
29. Place of Death		30. Facility Name		31. Location of Death (State address)		32. City/Town or Location of Death		33. State		34. Zip Code + 4	
Nursing Home		Gresham Rehabilitation		405 NE 5th		Gresham		OR		97030	
35. Method of Disposition		36. Place of Disposition (Name of cemetery, crematory, or other place)		37. Location							
Cremation		Bateman Carroll Crematory		Gresham, Oregon							
38. Name and Complete Address of Funeral Facility (Number, Street, City/Town, State, Zip + 4)		39. Date of Disposition (MM/DD/YYYY)		40. Funeral Director's Signature		41. OR License Number					
Bateman Carroll Funeral Home, 520 W. Powell Blvd., Gresham, OR 97030		Dec 26, 2006		<i>[Signature]</i>		FS-0152					
42. Registrar's Signature		43. Date Received (MM/DD/YYYY)		44. Local File Number							
<i>[Signature]</i>		January 05, 2007									
45. Record Amendment		46. Was case referred to Medical Examiner?		47. Autopsy		48. Were autopsy findings available to complete the cause of death?		49. Time of Death			
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		1637			
50. 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.		51. Other significant conditions contributing to death, but not resulting in the under		52. Manner of Death		53. If Female		54. Old tobacco use contributes to death?			
Final disease or condition resulting in death: <i>Cardiac artery disease</i>		<i>HTN, Sleep apnea</i>		a. Due to (or as a consequence of) <i>Cardiac artery disease</i>		b. Due to (or as a consequence of) <i>HTN</i>		c. Due to (or as a consequence of) <i>Sleep apnea</i>		d. Due to (or as a consequence of) <i>Other</i>	
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work?					
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>					
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)		60. Describe how injury occurred.		61. If transportation injury, specify.		62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)					
				E1 Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		Joseph Sullivan M.D., 5050 NE Hoyt #240, Portland, Oregon 97213					
63. Name and Title of Attending Physician (If Other than Certifier)		64. Title of Certifier		65. License Number		66. Date Certified (MM/DD/YYYY)					
<i>Joseph W. Sullivan</i>		M.D.		16929		1/1/07					
67. Medical Certificate - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		68. Medical Examiner - 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.									
<i>[Signature]</i>		<i>[Signature]</i>									
69. Record Amendment											

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

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

JAN 05 2007

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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A tract of land in Lot 8 of STEVENSON PARK ADDITION according to the official plat thereof on file and of record at page 38 of Book A of plats, Records of Skamania County, Washington, described as follows:

Beginning at a point on the South line of Lot 8 of said STEVENSON PARK ADDITION, said point being marked by an iron pin and lying North $89^{\circ} 09' 25''$ East 902.87 feet from the brass monument marking the Southwest corner of said STEVENSON PARK ADDITION; thence North $25^{\circ} 44' 15''$ West 372.55 feet; thence North $54^{\circ} 44' 15''$ West 172.05 feet to the initial point of the tract hereby described; thence South $35^{\circ} 15' 45''$ West 100 feet; thence South $48^{\circ} 42' 45''$ East 220 feet; thence North $64^{\circ} 15' 45''$ East 85 feet; thence North $25^{\circ} 44' 15''$ West 6.17 feet to a point on a 365 foot radius curve, from which point radial line bears South $64^{\circ} 15' 45''$ West; thence following said curve in a Northwesterly direction 184.73 feet; the central angle of said curve being $29^{\circ} 00'$; thence North $54^{\circ} 44' 15''$ West 77.65 feet to the initial point.

SUBJECT TO A SLOPE EASEMENT 5 FT. IN WIDTH ALONG THE COUNTY ROAD KNOWN AND DESIGNATED KANAKA CREEK ROAD. (CO. RD. NO. 2062)

TOGETHER WITH A PERMANENT EASEMENT OF INGRESS AND EGRESS OVER ANY PORTIONS OF THE EXISTING DRIVEWAY NOT CONVEYED HEREIN, INCLUDING THE RIGHT TO BUILD AND MAINTAIN A CARPORT THEREON.