

**AFTER RECORDING MAIL TO:**

Name Dorothy Cluff

Address PO Box 508

City/State Carson, WA 98610

SLC 29551

**Document Title(s):** (or transactions contained therein)

1. CERTIFICATE OF DEATH
- 2.
- 3.
- 4.

**Reference Number(s) of Documents assigned or released:**

☐ Additional numbers on page \_\_\_\_\_ of document

**Grantor(s):** (Last name first, then first name and initials)

1. JESSE SAMUEL CLUFF
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

**Grantee(s):** (Last name first, then first name and initials)

1. DOROTHY CLUFF
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

**Abbreviated Legal Description as follows:** (i.e. lot/block/plat or section/township/range/quarter/quarter)

A tract of land in the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian in the County of Skamania, State of Washington, described as follows:  
Lot 2 of the Cluff Short Plat recorded in Book 3 of Short Plats, Page 358, Skamania County Records.

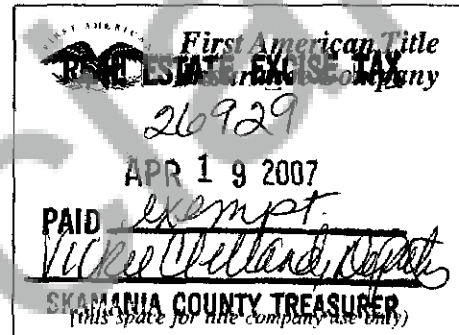
☐ Complete legal description is on page \_\_\_\_\_ of document

**Assessor's Property Tax Parcel / Account Number(s):** 03-08-17-3-0-1000-00

WA-1

Skamania County Assessor  
Date 4/19/07 Parcel# 3-8-17-3-0-1000  
ym

**NOTE:** The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>2006-1012</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include A-A's if any)			First	Middle	LAST
<b>Jesse Samuel CLUFF</b>					
2. Death Date			May 30, 2006		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Male	77	Months	Days		Klickitat
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education	
July 30, 1928	South Gate	California		11th Grade	
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
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)				13b. City or Town	
61 Bonnie Lane				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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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)			
17 Years	Married	Dorothy Lee Newman			
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)		
Tire Builder			Tire Manufacturing		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Jesse Samuel Cluff			Edith Agatha Cox		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number & Street, or RFD No., City or Town, State, Zip		
Dorothy Cluff		Spouse	PO Box 508 Carson, WA 98610		
24. Place of Death, if Death Occurred in a Hospital:			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
Inpatient			White Salmon		
25. Facility Name (If not a facility, give number & street)			26a. City, Town, or Location of Death	26b. State	27. Zip Code
Skyline Hospital			White Salmon	WA	98672
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Wilhelm's Crematory		Portland, Oregon	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Neptune Cremation Service, 6915 SE Lake Rd, Ste. 100 Milwaukie, OR 97267				June 2, 2006	
33. Funeral Director Signature <i>[Signature]</i>					
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. <b>END STAGE HEART DISEASE</b>		Interval between Onset & Death Months	
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. <b>MYOCARDIAL INFARCTION</b>		Interval between Onset & Death Years	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above.				36. Autopsy?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<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		<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 - To the best of my knowledge, death occurred at the time, date, and place as stated on this certificate and manner stated.			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.		
X <b>Ray Fitzsimmons MD</b>					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print)			50. Hour of Death (24hrs)		
RAY FITZSIMMONS MD POB 1519 White Salmon, WA 98672			0435		
51. Name and Title of Attending Physician if other than Certifier (Type of Print)			52. Date Certified (MM/DD/YYYY)		
			5/30/06		
53. Title of Certifier	54. License Number	55. ME/Coroner File Number		56. Was case referred to medical examiner?	
MD	110001526			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>			58. Date Received (MM/DD/YYYY)		
			MAY 30 2006		
59. Record Amendment			Reviewed by		
			Date		

**AFFIDAVIT  
Lack of Probate**

State of Washington

County of Skamania

Dorothy L. Cluff, being first duly sworn, deposes and says:

1. The undersigned affiant is the Spouse of Jesse Cluff  
(relationship to decedent) (decedent)  
\_\_\_\_\_, who died May 30<sup>th</sup>, 2006, at White Salmon,  
(date of death) (year) (city)  
State of Washington, then being a legal resident of Carson,  
Skamania, Washington.  
(county) (state) (city)

**AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT**

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated \_\_\_\_\_, a copy of which is attached hereto.

☒ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_. A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

Dorothy L. Cluff 75 Spouse Carson, Washington  
(full name) (age) (relationship) (residence)

# **HEIRS AT LAW (continued)**

<u>Cathy C. Benson</u> (full name)	<u>52</u> (age)	<u>Daughter</u> (relationship)	<u>L.A. Calif.</u> (residence)
<u>Caren C. Guldenzopf</u> (full name)	<u>49</u> (age)	<u>Daughter</u> (relationship)	<u>Carson, Wash.</u> (residence)
<u>Rodney E. Cluff</u> (full name)	<u>48</u> (age)	<u>Son</u> (relationship)	<u>Huntersville N. Carolina</u> (residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:
  
5. The decedent [ ] had ☒ had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
  
6. As of the date of death, the value of all community property of the decedent was approximately \$ 150,000.00. The value of all separate property of the decedent was approximately \$ 0.
  
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Dorothy L. Cluff  
Affiant's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, }

COUNTY OF Skamania } ss.

On this day personally appeared before me Dorothy L. Cluff to me known to be the individual ☒ described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 8th day of March, 2008.



Notary Public in and for the State of  
Washington, residing at Skamania  
My appointment expires 8/19/07