

Doc # 2007166648  
Page 1 of 5  
Date: 6/26/2007 12:10P  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$36.00

**AFTER RECORDING MAIL TO:**

Name Lynne F. Curran

Address PO Box 1197

City/State Stevenson, WA 98648

SCR 29574

**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. JOHN PATRICK CURRAN
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. LYNNE F. CURRAN
- 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)

Lot 13 of the Meaghers Addition to Stevenson, According to the Re-Plat thereof, recorded in Book 'A' of Plats, Page 120, in the County of Skamania State of Washington.

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

**Assessor's Property Tax Parcel / Account Number(s):** 03-07-36-4-3-1100-00

WA-1

**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.

<b>REAL ESTATE EXCISE TAX</b>	
Title Insurance Company	
27101	
JUN 26 2007	
PAID	EXEMPT
<i>Supriya Tekari Deputy</i>	
SKAMANIA COUNTY TREASURER	
(this space for title company use only)	

Skamania County Assessor  
Date 6/26/07 Parcel 3-7-36-4-3-1100  
Lot 13

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Total File Number <b>D-2 35</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any): First <b>John</b> Middle <b>Patrick</b> Last <b>CURRAN</b>			2. Death Date: <b>08/06/2005</b>		
3. Sex (M/F): <b>Male</b>	4a. Age - Last Birthday: <b>60</b>	4b. Under 1 Year: Months <b>0</b> Days <b>0</b>	4c. Under 1 Day: Hours <b>0</b> Minutes <b>0</b>	5. Social Security Number: <b>[REDACTED]</b>	6. County of Death: <b>Skamania</b>
7. Birth Date: <b>08/30/1944</b>	8a. Birthplace (City/Town, or County): <b>Brynawar</b>	8b. (State of Foreign Country): <b>Pennsylvania</b>	9. Decedent's Education: <b>High school Graduate</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>			11. Decedent's Race(s): <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.): <b>520 NW Belaire Street</b>			13b. City or Town: <b>Stevenson</b>		
13c. Residence: County: <b>Skamania</b>	13d. Tribal Reservation Name (if applicable):	13e. State or Foreign Country: <b>Washington</b>	13f. Zip Code + 4: <b>98648</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: <b>9 Years</b>	15. Marital Status at Time of Death: <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage): <b>Lynne F. Farley</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): <b>Welder</b>			18. Kind of Business/Industry (Do not use Company Name): <b>Shipyards</b>		
19. Father's Name (First, Middle, Last, Suffix): <b>Francis Curran</b>			20. Mother's Name Before First Marriage (First, Middle, Last): <b>Nellie A. O'Toole</b>		
21. Informant's Name: <b>Lynne F. Curran</b>		22. Relationship to Decedent: <b>Spouse</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>P.O. Box 1197 Stevenson, Washington 98648</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Home</b> Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (If not a facility, give number & street or location): <b>520 NW Belaire Street</b>			26a. City, Town, or Location of Death: <b>Stevenson</b>	26b. State: <b>WA</b>	27. Zip Code: <b>98648</b>
28. Method of Disposition: <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place): <b>Columbia River Crematory</b>		30. Location-City/Town, and State: <b>White Salmon, Washington</b>	
31. Name and Complete Address of Funeral Facility: <b>Gardner Funeral Home PO Box 390 White Salmon, WA 98672</b>				32. Date of Disposition: <b>08/09/2005</b>	
33. Funeral Director Signature: <i>[Signature]</i>					
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) → <b>Occlusive Atherosclerotic Cardiovascular Disease</b> Interval between Onset & Death: _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____ 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. _____ Interval between Onset & Death: _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____ c. _____ Interval between Onset & Death: _____ Due to (or as a consequence of): _____ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of 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		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy): <b>08/06/2005</b>	42. Hour of Injury (24hrs):	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): <b>Decedent's Home</b>		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: <b>520 NW Belaire Street</b>			Apt No. _____ State: <b>Washington</b> Zip Code + 4: <b>98648</b>		
City or Town: <b>Stevenson</b> County: <b>Skamania</b>			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):		
46. Describe how injury occurred: <b>Collapsed</b>			48a. Certifying Physician - In the town of my knowledge, 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): <b>Peter S. Banks PO Box 790 Stevenson, WA 98648</b>			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. <i>[Signature]</i>		
50. Hour of Death (24hrs): <b>1450</b>			51. Name and Title of Attending Physician if other than Certifier (Type or Print):		
52. Date Signed (mm/dd/yyyy): <b>08/09/2005</b>			53. Title of Certifier: <b>Coroner</b>		
54. License Number: _____			55. State License Number: _____		
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			57. Registrar Signature: <i>[Signature]</i>		
58. Date Received (mm/dd/yyyy): <b>August 10, 2005</b>			59. Amendments:		



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DOH.01-003 (5/99)

**AFFIDAVIT  
Lack of Probate**

State of Washington

County of Skamania

Lynne F. Curran, being first duly sworn, deposes and says:

1. The undersigned affiant is the Spouse of John P.  
(relationship to decedent) (decedent)  
Curran, who died August 6 2005, at Stevenson,  
(date of death) (year) (city)  
State of Washington, then being a legal resident of Stevenson,  
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:

None

(full name)

(age)

(relationship)

(residence)

**HEIRS AT LAW (continued)**

(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(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 \$\_\_\_\_\_. The value of all separate property of the decedent was approximately \$\_\_\_\_\_.
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.

Lynne F. Curran  
Affiant's Full Name

6/25/07  
Date

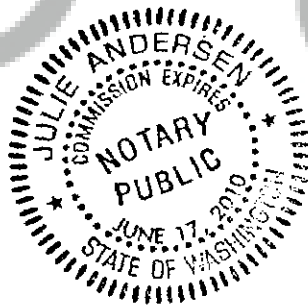
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, )  
COUNTY OF Skamania ) ss.

On this day personally appeared before me Lynne F. Curran 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 25 day of June, 2007



Julie Andersen  
Notary Public in and for the State of  
Washington, residing at Carson  
My appointment expires 10/17/2010