

Doc # 2007168093
Page 1 of 3
Date: 10/29/2007 01:09P
Filed by: SHARON BAXTER
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$32.00

WHEN RECORDED RETURN TO:

Sharon Baxter
72 O'Leary Rd
COOK, WA 98605

DOCUMENT TITLE(S)

Washington State Certificate of Death

REFERENCE NUMBER(S) of Documents assigned or released:

147729 Book 237 Page 764
134958 Book 188 Page 664
☐ Additional numbers on page _____ of document.

GRANTOR(S):

Everett Lee Baxter

☐ Additional names on page _____ of document.

REAL ESTATE EXCISE TAX

27307
OCT 29 2007

GRANTEE(S):

Sharon Baxter

☐ Additional names on page _____ of document.

PAID

Sharon Baxter
SKAMANIA COUNTY TREASURER

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

Lot 17 Plat of Willard

☒ Complete legal on page 2 of document.

TAX PARCEL NUMBER(S):

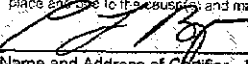
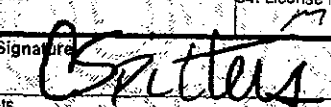
3.9.2.1.1.1700

☐ Additional parcel numbers on page _____ of document.

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

Skamania County Assessor
Date 3/29/07 Parcel# 3-9-2-1-1-1700
Lot 17

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death									
Local File Number					State File Number				
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Everett Lee BAXTER					2. Death Date Oct. 22, 2007				
3. Sex (M/F) Male	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 Klickitat				
7. Birth date Jan. 2, 1938		8a. Birthplace (City, Town, or County) Rothbury		8b. (State or Foreign Country) Michigan		9. Decedent's Education 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.) 72 O'Leary Road					13b. City or Town Willard				
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98605		13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence. 32 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Sharon Lee Redman					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Logger					18. Kind of Business/Industry (Do not use Company Name) Timber				
19. Father's Name (First, Middle, Last, Suffix) Lawrence Baxter					20. Mother's Name Before First Marriage (First, Middle, Last) Martha Crawford				
21. Informant's Name Sharon Baxter		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 72 O'Leary Road Cook, WA 98605					
24. Place of Death, if Death Occurred in a Hospital: Inpatient									
25. Facility Name (If not a facility, give number & street or location) Skyline Hospital									
26a. City, Town, or Location of Death White Salmon		26b. State WA		27. Zip Code 98672					
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 POB 390 White Salmon, WA 98672							
32. Date of Disposition 10-24-2007		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. Large Cell Ly-phoma Interval between Onset & Death: 2 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. 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 Atherosclerosis, COPD, Obesity, Hypertension, Smoking									
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 City or Town: _____ County: _____ State: _____ Zip Code + 4: _____									
45. 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 					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) Allen LaBerge MD PO Box 1519 White Salmon, WA 98672					50. Hour of Death (24hrs) 1537				
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) 10-23-07				
53. Title of Certifier MD		54. License Number M170002380		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? ☐ Yes ☒ No			
57. Registrar Signature 					58. Date Received (MM/DD/YYYY) OCT 24 2007				
59. Amendments									

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Lot 17 of the PLAT OF WILLARD, within part of Government Lot 1 of Section 2, Township 3 North, Range 9 East, W. M., in the County of Skamania, State of Washington, as recorded in Book B, of Plats, at Pages 62-63;
SUBJECT TO covenant for timber management purposes of adjacent Broughton Lumber Company lands;
ALSO SUBJECT TO Broughton Lumber Company right of access to Log Deck Private Road;
ALSO SUBJECT TO Willard Homeowner's Agreement, Road Maintenance Agreement and Water System Agreement as recorded in Book 109 of Deeds, at Pages 609-619;
ALSO SUBJECT TO and TOGETHER WITH easements for telephone, electric utility and water lines as shown on said Plat or now existing.

Skamania County Assessor
Date 3/29/07 Parcel# 3-9-2-1-1-1700
Lot 17 Summit