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.

GRANTEE(S):

Sharon Baxter

[ ] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX

27307

OCT 29 2007

PAID EXEMPT

Audrey Akins Deputy
SKAMANIA COUNTY TREASURER

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

Lot 17 Plat of Willard

[X] 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 Sent

LPB 01-05

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Everett Middle: Lee LAST: BAXTER Suffix:
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. Birthdate: 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
Place of Death, if Death Occurred Somewhere Other than a Hospital:
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: [signature]

Part 2 completed by Certifier

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 Lymphoma — Interval between Onset & Death: 2 months

Due to (or as a consequence of):

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.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Diabetes, 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: Apt. No.: 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.
X [signature]

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

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: MD00023382
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X: [signature]
58. Date Received (MM/DD/YYYY): OCT 24 2007
59. Amendments:

DOH/CHS 003 Rev. 2/06 (EDH101-003 (5/36)

MC # 20071680093

Page 2 of 3

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