

Doc # 2008169003  
Page 1 of 4  
Date: 2/15/2008 03:15P  
Filed by: LUCY MESSER  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$73.00

Return Address:

Lucy G. Messer  
132 Griffing Road  
Carson, WA 98610

<i>Document Title(s) or transactions contained herein:</i>		<b>REAL ESTATE EXCISE TAX</b> 27465 FEB 15 2008 PAID <i>Exempt</i>
CPA 02-05-1990 Oregon Death Certificate 02-13-2008		
<i>GRANTOR(S) (Last name, first name, middle initial)</i>  Messer, David P.		<i>Michael Callender</i> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.		
<i>GRANTEE(S) (Last name, first name, middle initial)</i>  Messer, Lucy G.		
<input type="checkbox"/> Additional names on page _____ of document.		
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i>  S ½ -SE-SW-NW-of SEC 35		
<input type="checkbox"/> Complete legal on page _____ of document.		
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i>		
<input type="checkbox"/> Additional numbers on page _____ of document.		
<i>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</i> 6.S. 04073500110100		
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned		
<input type="checkbox"/> 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 AKA's, if any) <b>David Paul MESSER</b>		2. Death Date (MM/DD/YYYY) <b>February 04, 2008</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>65</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>Multnomah</b>	
7. Birthdate (MM/DD/YYYY) <b>October 26, 1942</b>		8a. Birthplace (City/Town, or County) <b>Bakersfield</b>	
8b. (State or Foreign Country) <b>California</b>		9. Decedent's Education <b>GED completed</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13. Residence: Number and Street (e.g., 624 SE 1st Street, Apt. No. 6) <b>132 Griffing Rd.</b>		14. City/Town <b>Carson</b>	
15. Residence County <b>Skamania</b>		16. State or Foreign Country <b>WA</b>	
17. Zip Code + 4 <b>98610</b>		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. Marital Status at Time of Death <b>Married</b>		20. Spouse's Name (if married or widowed, give name prior to first marriage) <b>Lucy Tabino</b>	
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED") <b>Warehouseman</b>		22. Kind of Business/Industry (DO NOT USE COMPANY NAME) <b>Retail Foods</b>	
23. Father's Name (First, Middle, Last, Suffix) <b>Claybourn Messer</b>		24. Mother's Name (First, Middle, Last, Suffix) <b>Lela Douglas</b>	
25. Informant's Name <b>Lucy Messer</b>		26. Telephone Number <b>509-427-8493</b>	
27. Relation to Decedent <b>Spouse</b>		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <b>132 Griffing Rd. Carson, WA, 98610</b>	
29. Place of Death <b>Hospital ER/Outpatient</b>		30. Facility Name <b>Good Samaritan Medical Center</b>	
31. Location of Death (same address) <b>1015 NW 22nd</b>		32. City/Town or Location of Death <b>Portland</b>	
33. State <b>OR</b>		34. Zip Code + 4 <b>97210</b>	
35. Method of Disposition <b>Mausoleum</b>		36. Place of Disposition (Name of cemetery, crematory, or other place) <b>Lincoln Memorial Park Cemetery</b>	
37. Location <b>Portland, Oregon</b>			
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <b>Mt. Scott Funeral Home 4205 SE 59th Portland, OR 97206</b>			
39. Date of Disposition (MM/DD/YYYY)		40. Funeral Director's Signature <b>Dennis Wood</b>	
41. OR License Number <b>CO3618</b>			
42. Registrar's Signature <b>Romulo D. Hortalaza</b>		43. Date Received (MM/DD/YYYY) <b>February 13, 2008</b>	
44. Local File Number			
45. Record Amendment			
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
49. Time of Death <b>2322</b>			
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. <b>Final disease or condition resulting in death -&gt; Myocardial Infarction</b>			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:		Approximate Interval: Onset to Death <b>10 days</b>	
52. 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		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)			
60. Describe how injury occurred.			
61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) <b>Jeffrey Tyler 10529 NE Halsey Portland, OR 97220</b>			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier <b>MO</b>		65. License Number <b>0213966</b>	
66. Date Signed (MM/DD/YYYY) <b>02/18/08</b>			
67. Medical Certifier - 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.			
69. Record Amendment			

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

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

DATE ISSUED:

**FEB 13 2008**

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

DOC # 2008169003  
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# COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between DAVID PAUL MESSER and LUCY GRACE MESSER, husband and wife, of Skamania County, State of Washington.

## W I T N E S S E T H:

WHEREAS, the parties hereto are owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW THEREFORE, WE, DAVID PAUL MESSER and LUCY GRACE MESSER, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, even though the same be held in his or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of DAVID PAUL MESSER, while the said LUCY GRACE MESSER survives, be vested in LUCY GRACE MESSER,

absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said LUCY GRACE MESSER, while the said DAVID PAUL MESSER survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said DAVID PAUL MESSER, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 5th day of February, 1990.

David Paul Messer  
DAVID PAUL MESSER

Lucy Grace Messer  
LUCY GRACE MESSER

STATE OF WASHINGTON )  
County of Skamania ) ss.

I, the undersigned, a Notary Public in and for the State of Washington do hereby certify that on this 5th day of February, 1991, personally appeared before me DAVID PAUL MESSER and LUCY GRACE MESSER, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

Jan C. Fiehsinski  
Notary Public in and for the  
State of Washington, residing  
at Stevenson

Commission expires: 4-28-94

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