

Doc # 2008169009  
Page 1 of 4  
Date: 2/19/2008 09:53A  
Filed by: DONNA HEUKER  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$73.00

**WHEN RECORDED RETURN TO:**

Donna Heuker

PO Box 33

Cascade Locks OR 97014

**DOCUMENT TITLE(S)** Death certificate  
Letters testamentary

**REFERENCE NUMBER(S)** of Documents assigned or released:

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

**GRANTOR(S):**

Chers H. Heuker (deceased)

**REAL ESTATE EXCISE TAX**

27468

FEB 18 2008

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

Donna W Heuker

PAID

EXEMPT

*Audrey Farris Deputy*  
SKAMANIA COUNTY TREASURER

☐ Additional names on page \_\_\_\_ of document.

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

T3N, R8E, Sec. 29 within the NE 1/4 of the NE 1/4  
Skamania County, WA

☐ Complete legal on page \_\_\_\_ of document.

**TAX PARCEL NUMBER(S):** 03082911380000 , 03082911380300

GS-

☐ 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.

EXHIBIT 'A'

Parcel I

Commencing at the Southeast Corner of Lot 8, Block 'A' of the ORIGINAL PLAT OF CARSON as recorded in book 'A' of Plats on Page 23, Skamania County Records and running thence South 50 feet; thence West 80 feet; thence North 50 feet; thence East 80 feet to the Point of Beginning, being the East 80 Feet of Lot 7, Block 'A' of said plat as the same existed prior to the vacation of the said Lot 7 by the Skamania County Board of Commissioners on July 20, 1987.

Parcel II

A parcel of land located in the Northeast Quarter of the Northeast Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington described as:

Lots 1 and 2 of the Freida M. Bloomquist Short Plat as recorded in Book 2 of Short Plats on Page 157, Skamania County Records.

Gary H. Martip, Skamania County Assessor

Date 6/8/06 Parcel # 3-8-29-1-1-3800  
3-8-29-1-1-3803

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MC # 2006161899  
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STATE OF OREGON  
County of Multnomah

**LETTERS TESTAMENTARY**

Case Number: 070791045

THIS CERTIFIES that the Will of **CHRISTOPHER H. HEUKER**,  
Deceased, has been proved and **DONNA W. HUEKER** has/have been appointed  
and is/are at the date hereof the duly appointed, qualified and acting Executor (s) {or  
Administrator of the Will Annexed} of the Will and estate of the decedent.

**LIMITATIONS: NONE**

IN WITNESS WHEREOF, I, as Clerk of the Circuit Court of the State of  
Oregon for the County of Multnomah, in which proceedings for administration for the  
estate are pending, do hereby subscribe my name and affixed the seal of the Court on

**JUL 18 2007**



Douglas M. Bray, Clerk of the Court

By: P. Wilson

Deputy

# CERTIFICATION OF VITAL RECORD

## STATE OF ALASKA CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.  
P.O. BOX 110675  
JUNEAU, AK 99811-0675

150 07001402  
STATE FILE NUMBER  
DATE RECEIVED  
**JUN 19 2007**

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

BIRTH CERTIFICATE NUMBER		1. DECEDENT'S NAME (First, Middle, Last) <b>Christopher Herman Heuker</b>		1a. MAIDEN NAME		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>June 11, 2007</b>	
4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (Years) <b>44</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Month, Day, Year) <b>June 24, 1962</b>	
7. BIRTHPLACE (State or Foreign Country) <b>Oregon</b>		8. STATE OF DEATH <b>ALASKA</b>							
9a. PLACE OF DEATH (Check only one; see instructions on attached sheet)		9b. FACILITY NAME (If not institution, give street and number) <b>Nelson Lagoon Clinic</b>							
9c. CITY, TOWN, OR LOCATION OF DEATH <b>Nelson Lagoon</b>		10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN							
11. SURVIVING SPOUSE (If wife, give maiden name) <b>Donna Skaar Thom</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Commercial Fisherman</b>							
12b. KIND OF BUSINESS/INDUSTRY <b>Fishing</b>		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN							
14a. RESIDENCE - STATE <b>Oregon</b>		14b. CITY, TOWN, OR LOCATION <b>Cascade Locks</b>		14c. STREET AND NUMBER <b>61685 N.E. Tumalt</b>		14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		14e. ZIP CODE <b>97014</b>	
15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:		16. RACE - Filipino, Black, Alaska Native, White, etc. <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (14 or 16)		18. FATHER'S NAME (First, Middle, Last) <b>Bernard Herman Heuker</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Sandra Joan Maguire</b>				20a. INFORMANT'S NAME (First, Middle, Last) <b>Donna Heuker</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>61685 N.E. Tumalt, Cascade Locks, Oregon 97014</b>	
20c. RELATIONSHIP TO DECEDENT <b>Spouse</b>		21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State							
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Columbia River Crematory</b>		21c. LOCATION - City, Town, State <b>White Salmon, WA</b>							
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>Debbie J. Janssen</b>		22b. NAME AND ADDRESS OF FACILITY <b>Evergreen Memorial Chapel P.O. Box 100537, Anchorage, Alaska 99510</b>							
23a. To the best of my knowledge, death occurred at the time, date, and place stated.		23b. DATE SIGNED (Month, Day, Year) <b>06-14-07</b>							
24. TIME OF DEATH <b>2247</b>		25. DATE PRONOUNCED DEAD (Month, Day, Year) <b>June 11, 2007</b>		26. WAS CASE REFERRED TO MEDICAL EXAMINER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Drowning</b>			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO (OR AS A CONSEQUENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Last disease or injury that initiated events resulting in death)		DUE TO (OR AS A CONSEQUENCE OF):							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.		DUE TO (OR AS A CONSEQUENCE OF):							
28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> 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 as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH <b>Fallico, MD</b>							
29c. DATE SIGNED (Month, Day, Year) <b>06-14-07</b>		29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (Item 27) (Type/print name of certifier) <b>Franco G. Fallico, M.D. Chief Medical Examiner 4500 South Boniface Parkway, Anchorage AK 99507</b>							
29e. LICENSE NUMBER <b>1349</b>		30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide							
31a. DATE OF INJURY (Month, Day, Year) <b>6/11/2007</b>		31b. TIME OF INJURY <b>2130</b>		31c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>Submerged in Sea Water</b>			
31e. PLACE OF INJURY - At home, street, cemetery, office, etc. (Specify) <b>Lagoon</b>		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>Offshore 5 Miles in Nelson Lagoon, Nelson Lagoon, Alaska</b>							

FORM VS-101  
REV. 3-06

1211562

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED

**JUL 11 2007**

*Phillip L. Mitchell*

STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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