

Doc # 2008169038
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Date: 2/20/2008 10:10A
Filed by: TERESA GAUL
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$34.00

WHEN RECORDED RETURN TO:

Teresa Gaul
7301 SW 26th Ave
Portland Or. 97219

DOCUMENT TITLE(S)

Death Cert.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Willard H Gaul
Teresa Gaul

☐ Additional names on page _____ of document.

GRANTEE(S):

Teresa Gaul

☐ Additional names on page _____ of document.

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

Section 17-T1N R5E

☒ Complete legal on page 3 of document.

TAX PARCEL NUMBER(S):

01051700120000 HAD
2-19-08

☐ 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.

REAL ESTATE EXCISE TAX

27470

FEB 19 2008

PAID exempt

Cy. deputy
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

463360
I.O. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include MA, if any) First: Willard Middle: Henry Last: Gaul Suffix:				2. Death Date (month/year) November 18, 2006	
3. Sex (M/F) M	4a. Age - Last Birthday 83	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number	6. County of Death Washington
7. Birthdate (month/year/day) December 24, 1922		8a. Birthplace (city/town or county) Kenton		8b. (State or Foreign Country) Minnesota	9. Decedent's Education Some High School No Diploma
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) 7301 SW 26th Ave				14. City/Town Portland	
15. Residence County Multnomah		16. State or Foreign Country Oregon		17. Zip Code + 4 97219	
18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. Marital Status at Time of Death Never Married			
20. Spouse's Name (if married or widowed, give name prior to first marriage)					
21. Usual Occupation (include type of work done during most of working life; do not use company name) Christmas Tree Farmer					
22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Farming					
23. Father's Name (last, middle, first, initial) Willard William Gaul					
24. Mother's Name (last, middle, first, initial) Hamer E. Goss					
25. Informant's Name Teresa E. Gaul					
26. Informant's Address (city/town or county, state, zip + 4) 7301 SW 26th Ave Portland, Oregon 97219					
27. Place of Death Hospital Inpatient					
28. Location of Death (e.g., home, hospital, nursing home, etc.) 9205 SW Barnes Road					
29. Date of Disposition (month/year) 11-28-2006					
30. Method of Disposition Burial					
31. Name and Complete Address of Funeral Home (city/town or county, state, zip + 4) Caldwell's, Hennessey, Goetsch & Hoesel Funeral Home 20 N.E. 14th Ave. Portland, Oregon 97232					
32. Date of Disposition (month/year) 11-28-2006					
33. Registrar's Signature <i>[Signature]</i>					
34. Date DEC 06 2006					
35. Record Amendment					
36. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. Enter the chain of events leading to the cause of death, starting with the event closest to death and ending with the event farthest from death. DO NOT ABBREVIATE.					
38. Final disease or condition resulting in death 6 months					
39. Subsequent conditions leading to the cause listed above 7 years					
40. ENTER THE UNDERLYING CAUSE LAST (disease or condition that initiated the events resulting in death) 15 years					
41. Other significant conditions contributing to death					
42. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined					
43. If Female: <input type="checkbox"/> Not pregnant at time of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death					
44. Date of Injury (month/year) 11-18-2006					
45. Time of Injury					
46. Place of Injury (e.g., decedent's home, construction site, restaurant, wooded area) 6. miles					
47. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
48. Describe how injury occurred.					
49. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
50. Name and Address of Coroner (number & street, city/town, state, zip + 4) Todd Hochenadel MD 9155 SW Barnes Road Suite 205 Portland, Oregon 97225					
51. Name and Title of Attending Physician or Other Certifier					
52. Title of Certifier Physician - MA					
53. License Number MD 20177 OR					
54. Date Certified (month/year) 12/11/06					
55. 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.					
56. 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.					
57. Record Amendment					

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

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

DATE ISSUED:

DEC 06 2006

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Julie L. Clarke
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON



DC # 2000169030
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ORDER NO. 12473

Exhibit "A"

That portion of the Southeast Quarter of Section 17, Township 1 North, Range 5 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at a point in the centerline of the State Highway 14, which bears South 11°22'50" West, 4030.75 feet from an iron pipe at the Northeast corner of said Section 17; thence North 40°43'00" West along the centerline of a 60.0 foot easement 296.12 feet; thence following said centerline along the arc of a 200 foot radius curve to the right for an arc distance of 61.17 feet to the intersection of a 60.00 foot easement; thence South 87°42'00" West along the centerline of a 60.0 foot easement 806.85 feet; thence leaving said centerline North 02°18'00" West 30.0 feet to the Southeast corner of the "Peet" Tract as shown on recorded survey in Volume 1, at page 16; thence South 87°42'00" West along the South line of said "Peet" Tract, 148.74 feet; thence leaving said South line South 02°18'00" East 832 feet, more or less, to the centerline of State Highway 14; thence Easterly and Northerly along said centerline 1320 feet, more or less, to the Point of Beginning.

EXCEPT any portion lying South of the North right of way line of State Highway 14:

TOGETHER WITH a 60.00 foot easement for ingress, egress and utilities, the centerline of which is described as follows:

BEGINNING at a point in the centerline of State Highway 14, which bears South 11°22'50" West, 4030.75 feet from an iron pipe at the Northeast corner of said Section 17; thence North 40°43'00" West 296.12 feet; thence along the arc of a 200 foot radius curve to the right for an arc distance of 61.17 feet; thence South 87°42'00" West 806.85 feet to the terminus of said easement centerline.

SUBJECT TO THE FOLLOWING:

EASEMENT AND THE TERMS AND CONDITIONS THEREOF:

Purpose	Ingress, egress and utilities
Area affected:	East 30 feet and North 30 feet of said premises
Disclosed by:	Instrument recorded under Recording No. 84578, Book 73, page 203

Reservation of oil, gases, coal, ores, minerals and fossils as therein set forth and subject to reservations of rights of way for the removal of timber, minerals, sand and gravel pursuant to R.C.W. 79.12.41C, 79.36.010 and 79.36.240, said reservations being enforceable by the State of Washington on payment of reasonable compensation therefor.

EASEMENT AND THE TERMS AND CONDITIONS THEREOF:

Grantee:	Northwestern Electric Company
Purpose:	Electric transmission lines
Area affected:	Said premises and other property
Dated:	November 13, 1930
Recorded:	February 20, 1931
Recording No.:	17061, Book W, page 573