

AFTER RECORDING MAIL TO:

Name Nichole Fisher Swearingen

Address 122 Warren Acres Road

City/State Yakima, WA 98901

SCC 30309

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. FISHER, GREGORY LYNN
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. FISHER, NICHOLE
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lots 5 and 6, Block 2 JOHNSON'S ADDITION, according to the recorded plat thereof, recorded in Book A of Plats, Page 25, in the County of Skamania, State of Washington.

Skamania County Assessor
Date 4/1/08 Parcel# _____

Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-3-4-5300-00

WA-1

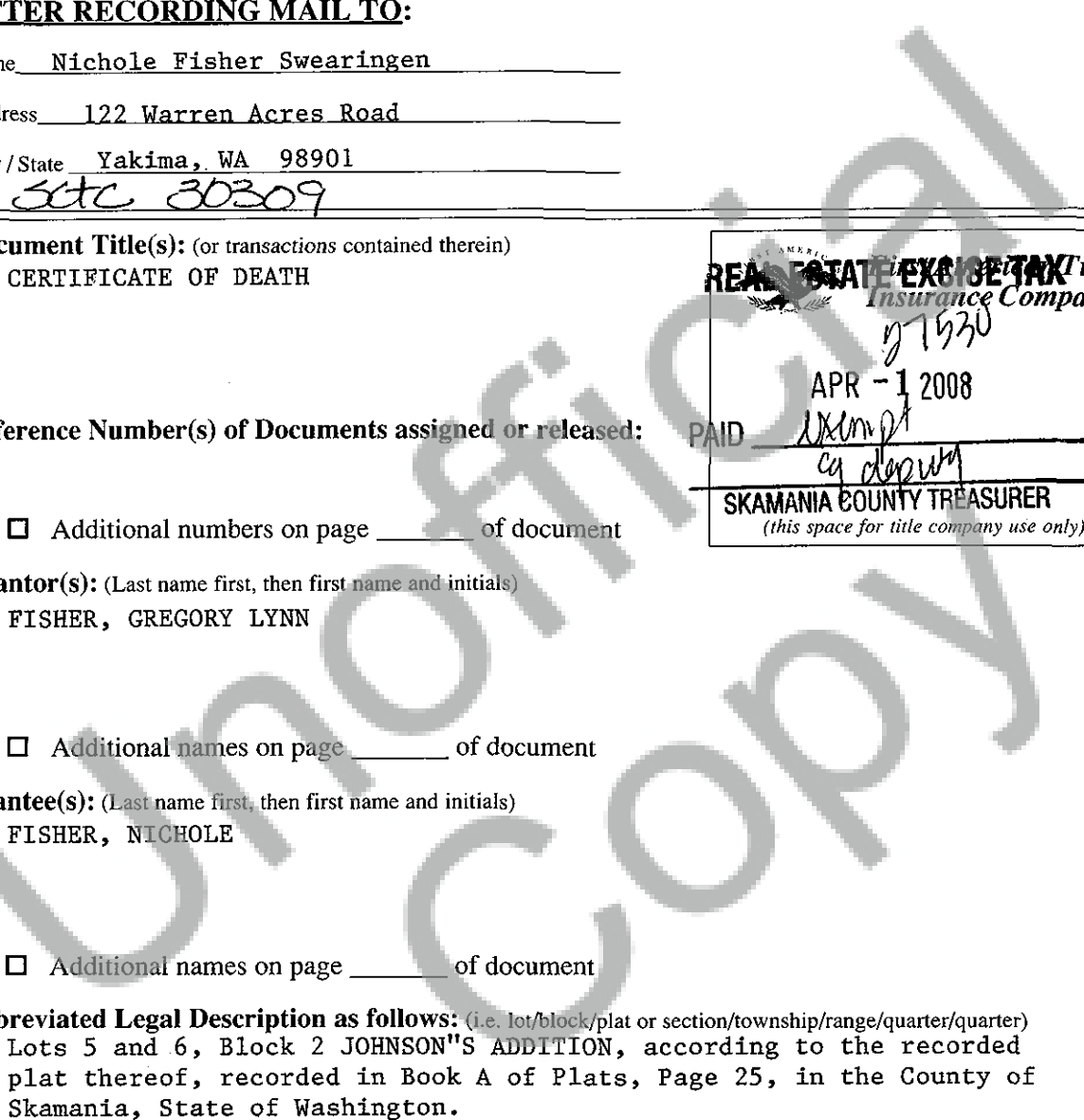
NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

REAL ESTATE EXCISE TAX
Title Insurance Company

g 1930
APR -1 2008

PAID W. Smith
cy down

SKAMANIA COUNTY TREASURER
(this space for title company use only)



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

State File Number

1. Legal Name (Last, First, Middle, Suffix) Gregory Lynn FISHER		2. Death Date July 5, 2006	
3. Sex (M/F) M	4a. Age - Last Birthday 34	4b. Under 1 Year Months: 0 Days: 0	4c. Under 1 Day Hours: 0 Minutes: 0
5. Social Security Number [REDACTED]		6. County of Death Skamania	
7. Birthdate Aug 27, 1971	8a. Birthplace (City, Town, or County) Oceanside	8b. (State or Foreign Country) California	9. Decedent's Education Master's Degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		11. Decedent's Race(s) White	
13a. Residence Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 411 NW Jefferson		13b. City or Town Stevenson	
13c. Residence County Skamania	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code #4 98648
14. Estimated length of time at residence. 5 y		15. Marital Status at Time of Death Married	
16. Surviving Spouse's Name (Give name prior to first marriage) Nichole Stecker		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Counselor	
18. Kind of Business/Industry (Do not use Company Name) Mental Health		19. Father's Name (First, Middle, Last, Suffix) Barrie Fisher	
20. Mother's Name Before First Marriage (First, Middle, Last) Patricia Quist		21. Informant's Name Nichole Fisher	
22. Relationship to Decedent Wife		23. Mailing Address: Member and Street or RFD No., City or Town, State, Zip PO Box 1148 Stevenson WA 98648	
24. Place of Death: if Death Occurred in a Hospital: Decedent's Residence		25. Facility Name (if not a facility, give number & street or location) 411 NW Jefferson	
26a. City, Town, or Location of Death Stevenson		26b. State WA	27. Zip Code 98648
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Terrace Heights Memorial Park	
30. Location, City, Town, and State Yakima, Washington		31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672	
32. Date of Disposition Jul 8, 2006		33. Funeral Director Signature 	
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) →		Interval between Onset & Death Months	
a. Polyarteritis Nodosa		Due to (or as a consequence of):	
b. _____		Due to (or as a consequence of):	
c. _____		Due to (or as a consequence of):	
d. _____		Due to (or as a consequence of):	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. 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		39. If female: <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death. <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	
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street, City or Town, County, State, Zip Code #4	
46. Describe how injury occurred		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To his best professional knowledge, death occurred at the time, date, and place and due to the causes and manner stated. 		48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, I certify that death occurred at the time, date and place and due to the causes and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or print) STEPHEN VOBT MD 11411 N. STANFORD RIVER, OR 97131		50. Hour of Death (24hrs) 1630	
51. Name and Title of Attending Physician (if other than Certifier) (Type or print) Ryan Petersen, MD		52. Date Signed (mm/dd/yyyy) 7/6/2006	
53. Title of Certifier MD		54. License Number MD 2006	
55. Registrar Signature 		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Date Received (mm/dd/yyyy) 7/7/06		58. Amendments	



HEIRS AT LAW (continued)

<u>Nicholas Scott Fisher</u> (full name)	<u>8</u> (age)	<u>son</u> (relationship)	<u>Yakima, WA</u> (residence)
<u>Audrey Elizabeth Fisher</u> (full name)	<u>3</u> (age)	<u>daughter</u> (relationship)	<u>Yakima, WA</u> (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)
_____ (full name)	_____ (age)	_____ (relationship)	_____ (residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:

5. The decedent [] had had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

6. As of the date of death, the value of all community property of the decedent was approximately \$ _____. The value of all separate property of the decedent was approximately \$ _____.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Nichole Fisher Swearingen
Affiant's Full Name

3-28-08
Date

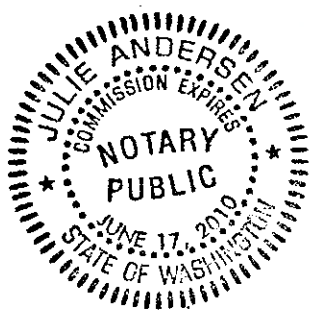
Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Skamania } ss.

On this day personally appeared before me Nichole Fisher Swearingen to me known to be the individual ___ described in and who executed the within and foregoing instrument, and acknowledged that She signed the same as Her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 28 day of March, 2008



Julie Andersen
Notary Public in and for the State of Washington, residing at Carson
My appointment expires 6/17/2010