

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

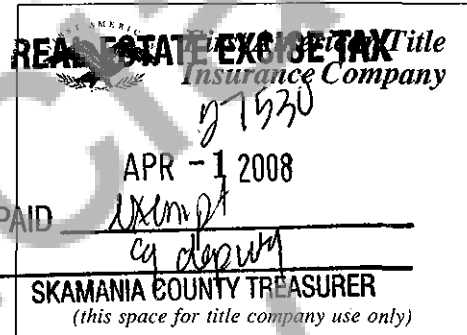
Date 4/1/08 Parcel# _____

☐ Complete legal description is on page _____ of document

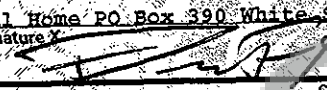
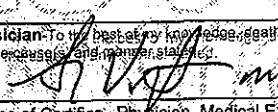

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-3-4-5300-00

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.



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 Days 0 0	4c. Under 1 Day Hours Minutes 0 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		
12. Was Decedent ever in U.S. Armed Forces? No					
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	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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: Number 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. <div style="text-align: center;">Polyarteritis Nodosa</div>					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		Interval between Onset & Death Months	
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		Due to (or as a consequence of):		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
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 within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before 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 checked="" 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 the best of your 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, my opinion is 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 VOBERT MD 11400 N. STOKER 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 2000	55. Coroner File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature 		58. Date Received (mm/dd/yyyy) 7/7/06			
59. Amendments					

AFFIDAVIT Lack of Probate

State of Washington

County of Skamania

Nichole Fisher Swearingen, being first duly sworn, deposes and says:

1. The undersigned affiant is the wife of Gregory Lynn Fisher
(relationship to decedent) (decedent)
 _____, who died July 5, 2006, at Stevenson,
(date of death) (year) (city)
 State of Washington, then being a legal resident of Stevenson,
Skamania, Washington.
(county) (state)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☒ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in _____ County, State of _____, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

<u>Madison Anne Fisher</u>	<u>10</u>	<u>daughter</u>	<u>Yakima, Washington</u>
<small>(full name)</small>	<small>(age)</small>	<small>(relationship)</small>	<small>(residence)</small>

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

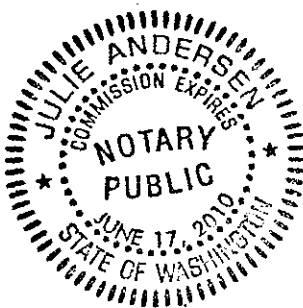
Affiant's Full Name

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