

**AFTER RECORDING MAIL TO:**

Name Cheryl Trent

Address 706 SW Utah

City / State Camas, WA 98607

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

1. Death Cert
- 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. Trent, Thomas
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. Trent, Cheryl
- 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)

S9, T1N, R5E

☐ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 01-05-09-0-0-1000-00  
6.5  
06

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**

27757

AUG 29 2008

PAID

Exempt  
Vickie Heller  
SKAMANIA COUNTY TREASURER

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <u>1074</u>		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Thomas Neal TRENT</b>					2. Death Date <b>05/31/2005</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>59</b>	4b. Under 1 Year Months Days <b>59</b>	4c. Under 1 Day Hours Minutes <b>59</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Clark</b>		
7. Birthdate <b>01/24/1946</b>		8a. Birthplace (City, Town, or County) <b>Bakersfield</b>		8b. (State or Foreign Country) <b>California</b>		9. Decedent's Education <b>High School Graduate</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? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>706 SW Utah St.</b>					13b. City or Town <b>Camas</b>		
13c. Residence: County <b>Clark</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98607</b>	
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
14. Estimated length of time at residence. <b>8 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Cheryl B. Stevenson</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Operating Engineer</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Welding</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Charles Trent</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Wilda Coggins</b>			
21. Informant's Name <b>Cheryl Trent</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>706 SW Utah St. Camas, WA 98607</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Home</b>							
25. Facility Name (if not a facility, give number & street or location) <b>706 SW Utah St.</b>				26a. City, Town, or Location of Death <b>Camas</b>		26b. State <b>WA</b>	
27. Zip Code <b>98607</b>							
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Wind River Memorial Cemetery</b>				30. Location-City/Town, and State <b>Carson, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607</b>						32. Date of Disposition <b>06/02/2006</b>	
33. Funeral Director Signature X <i>C. M. [Signature]</i>							
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) → a. <b>Metastatic Eccrine Spiradenocarcinoma</b> Interval between Onset & Death							
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 b. Due to (or as a consequence of): Interval between Onset & Death							
c. Due to (or as a consequence of): Interval between Onset & Death							
d. 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 <b>Hypertension</b>				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 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"/> 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: Apt. No. 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 - On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated <i>[Signature]</i>				48b. Medical Examiner/Coroner - 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.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Lori Thompson 12607 SEM. 11 Plz. SW Vancouver WA 98684</b>						50. Hour of Death (24hrs) <b>0645</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) <b>5/31/05</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>MD00034076</b>		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>						58. Date Received (MM/DD/YYYY) <b>JUN 01 2005</b>	
59. Amendments							

EXHIBIT 'A'

The Northeast Quarter of the Southeast Quarter of Section 9, Township 1 North, Range 5 East of the Willamette Meridian;

EXCEPT that portion thereof conveyed to the State of Washington by Deed dated July 5, 1927 and recorded July 20, 1927 in Book V, Page 344 of deeds, records of Skamania County, Washington;

Together with the following:

Beginning at a point 20 chains North of the Southeast corner of Section 9, Township 1 North, Range 5 East of the Willamette Meridian; thence West 3 Chains 75 Links; thence South 30° West 2 Chains 85 Links; thence East 5 Chains 17½ Links, thence North 2 Chains 25 Links to the point of beginning.

G.S. 12/21/08