AFN #2008171167 Recorded 10/07/08 at 02:20 PM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

AFTER RECORDING MAIL TO:

Name Micheal Allen Bailey

Address 11815 SE VAlley View Terrace

City / State Happy Valley, OR 97086

SCTC 30546

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

1. CERTIFICATE OF DEATH
2.
3.
4.

First American Title Insurance Company

REAL ESTATE EXCISE TAX

27808

OCT - 7 2008

PAID exempt

Vicki Clelland Deputy

SKAMANIA COUNTY TREASURER

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. BAILEY, JAMES CALVIN
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. BAILEY, MICHEAL ALLEN
2.
3.
4.
5. ☐ Additional names on page _____ of document

Skamania County Assessor

Date 10/7/08 Parcel# 2-7-1-1-1800

ym

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots 3, 4, 5, 6 and 7 of Block 6 of the TOWN OF STEVENSON, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 11, in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-01-1-1-1800-00

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.*

10/02/08 09:06AM THE UPS STORE 3606872966 p.03

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number D2 49 **Washington State Certificate of Death** State File Number 7 74347

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: James Middle: Calvin LAST: BAILEY Suffix:
2. Death Date: Dec. 19, 2007
3. Sex (M/F): Male
4a. Age – Last Birthday: 79
4b. Under 1 Year Months Days:
4c. Under 1 Day Hours Minutes:
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: October 18, 1928
8a. Birthplace (City, Town, or County): Los Angeles
8b. (State or Foreign Country): California
9. Decedent's Education: High school graduate
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 4th St.) (Include Apt. No.): 122 Shipherd Falls Road
13b. City or Town: Carson
13c. Residence: County: Skamania
13d. Tribal Reservation Name (If applicable): –
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98610
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 49 years
15. Marital Status at Time of Death: Widowed
16. Surviving Spouse's Name (Give name prior to first marriage):
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Contractor
18. Kind of Business/Industry (Do not use Company Name): Timber/Construction
19. Father's Name (First, Middle, Last, Suffix): Benjamin Bailey
20. Mother's Name Before First Marriage (First, Middle, Last): Cecilia Flagg
21. Informant's Name: Sharon Bailey
22. Relationship to Decedent: Daughter
23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 122 Shipherd Falls Rd., Carson, WA 98610
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's home
25. Facility Name (If not a facility, give number & street or location): 122 Shipherd Falls Road
26a. City, Town, or Location of Death: Carson
26b. State: WA
27. Zip Code: 98610
28. Method of Disposition: Entombment
29. Place of Final Disposition (Name of cemetery, crematory, other place): Riverview Abbey Mausoleum
30. Location-City/Town, and State: Portland, Oregon
31. Name and Complete Address of Funeral Facility: Riverview Abbey F.H., 0319 S.W. Taylors Ferry Rd, Portland, OR 97219
32. Date of Disposition: December 22, 2007
33. Funeral Director Signature & [signature]

Cause of Death (See instructions and examples)

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Renal Cell Carcinoma, Metastatic to Lung	6 years
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
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ 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? ☐ Yes ☐ No ☐ 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: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

Part 2 completed by Certifier

48a. Certifying Physician – To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X Daniel [signature] MD
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. X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): David Wachenheim, MD, 12607 S.E. Mill Plain Blvd., Vancouver, WA 98684
50. Hour of Death (24hrs): 0620
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY)
53. Title of Certifier: MD
54. License Number: 39731
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature: X [signature]
58. Date Received (MM/DD/YYYY): 12/27/07
59. Amendments

DOH 01-003 (5/99)