

**AFTER RECORDING MAIL TO:**

Name Jimmie Howard

Address PO Box 343

City/State White Salmon, WA 98672

Oct 30378

**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. HOWARD, JEAN
- 2.
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. HOWARD, JIMMIE
- 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)

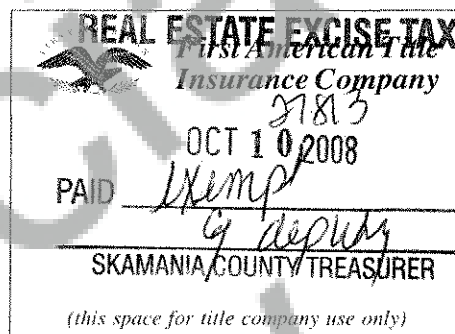
NW  $\frac{1}{4}$  SEC 22 T3N R10E

☒ Complete legal description is on page 6 of document



**Assessor's Property Tax Parcel / Account Number(s):** 03-10-22-0-0-1102-00 for

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

Local File Number: D2 8		Washington State Certificate of Death				State File Number:	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Gilda Jean HOWARD					2. Death Date March 2, 2007		
3. Sex (M/F) Female	4a. Age - Last Birthday 60	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania		
7. Birthdate 03/08/1946		8a. Birthplace (City, Town, or County) Denver		8b. (State or Foreign Country) Colorado		9. Decedent's Education 12th grade	
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 5th St.) (Include Apt. No.) 181 Kelchner Road					13b. City or Town Underwood		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98651	
14. Estimated length of time at residence. 35 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Jimmie Leroy Howard			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Bookkeeper				18. Kind of Business/Industry (Do not use Company Name) Grocery			
19. Father's Name (First, Middle, Last, Suffix) Floyd McCluskey				20. Mother's Name Before First Marriage (First, Middle, Last) Wanda Louise Crim			
21. Informant's Name Jim Howard		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 343 White Salmon, WA 98672			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location) 181 Kelchner Road				26a. City, Town, or Location of Death Underwood		26b. State WA	
27. Zip Code 98651		28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) White Salmon Cemetery		30. Location-City/Town, and State White Salmon, WA	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672				32. Date of Disposition 3/7/07			
33. Funeral Director Signature X 							
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. <u>INVASIVE small cell cancer lung</u> Interval between Onset & Death <u>Months</u> Due to (or as a consequence of): 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? <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 checked="" 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 checked="" 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 - On the basis of my knowledge, based on history at the time, place, and manner stated, I certify that the cause of death was due to the cause and manner stated. x <u>Ray FitzSimmons MD</u>				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, my opinion, death occurred at the time, date, and place, and due to the cause and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Ray FitzSimmons MD PO Box 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 1745		51. Name and Title of Attending Physician if other than Certifier (Type or Print) Ray FitzSimmons MD PO Box 1519 White Salmon, WA 98672	
52. Date Signed (mm/dd/yyyy) 03/05/2007		53. Title of Certifier MD		54. License Number MD00016986		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature X 			
58. Date Received (mm/dd/yyyy) 3/7/07				59. Amendments			

DOH 01-003 (5/00)



**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: 30378, County: Skamania

STATE OF \_\_\_\_\_ )

SS:

COUNTY OF \_\_\_\_\_ )

The undersigned, Jim Howard, executes this affidavit relating to the estate of Jean Howard (herein "Decedent"), who died on 3-2-07, in the County of Skamania, State of WA, then being a resident of the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent  
☐ Surviving child of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington,  
☐ other (identify): \_\_\_\_\_

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. **all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship	<u>Beth Howard</u>	<u>Son</u>
Address:		
Name & relationship	<u>David L. Howard</u>	<u>Daughter</u>
Address:		
Name & relationship		
Address:		
Name & relationship		
Address:		
Name & relationship		
Address:		

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property  
☐ Separate property  
☐ Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:
  - ☒ married to Juan Hernandez
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:
  - ☒ married to Juan Hernandez
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_
3. ☐ That the decedent left a Will, *a copy of which is attached hereto.*  
☒ That the decedent left no Will.  
☐ That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. *(if unrecorded, attach a copy)*
4. ☒ That the decedent's estate is not being probated.  
☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_
5. ☐ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
☐ That State and/or Federal succession or inheritance taxes in the amount of \$\_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☒ That the decedent has not received assistance from the State of Washington for medical care.  
☐ That the decedent has received assistance from the State of Washington for medical care.  
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

*(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):*

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): \_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ \_\_\_\_\_, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ \_\_\_\_\_, and including the value of Decedent's separate property, if any, of approximately \$ \_\_\_\_\_, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ \_\_\_\_\_.

This affidavit is made to induce \_\_\_\_\_ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 9-29-08, 20

*Simone Howard*  
(Signature)  
Simone Howard  
(Print or type full name)

\_\_\_\_\_  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 29th day of September 20 08

*Kelly*  
Notary Public in and for the State of  
Washington, residing at N. Bonnevillie

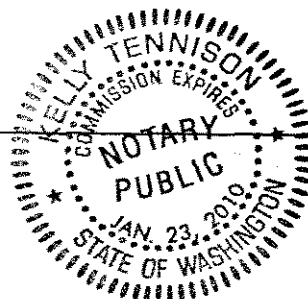


EXHIBIT 'A'

A Tract of land located in the Southwest Quarter of the Northwest Quarter of Section 22, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast Corner of the Southwest Quarter of the Northwest Quarter of said Section 22; thence West 100 feet to the initial point of the Tract hereby described; thence West 95 feet; thence South 150 feet; thence East 95 feet; thence North 150 feet to the initial point.

Skamania County Assessor  
Date 10/10/08 Parcel# 3-10-22-1102