AFN #2009172135 Recorded 02/24/09 at 04:09 PM DocType: DEATH Filed by: CHANCEY R. DAVIS JR Page: 1 of 4 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

Chancey R. Davio JR.	
200 NE Ridgecrest DR.	
-	
Ofeverson WA 98648	
DOCUMENT TITLE (C)	
DOCUMENT TITLE(S)	*
Death Cert	
REFERENCE NUMBER(S) of Documents assigned or releas	ed:
4.0	
Additional numbers on page of document.	
Rosalind M Davis	
Rosalind Mi Lauis	
[] Additional names on page of document.	
GRANTEE(S):	
Chancey R. Davis JR	
	4 7 1
[] Additional names on page of document. LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or	Section, Township, Range, Quarter):
See A Hacked	
see whenex	
Complete legal on page 3 of document.	<u> </u>
TAX PARCEL NUMBER(S):	
03753632046000	
[] Additional parcel numbers on page of document.	7
The Auditor/Recorder will rely on the information provided on th	is form. The staff will not read the document to

verify the accuracy or completeness of the indexing information.

AFN #2009172135 Page: 2 of 4

rne Number	wasinigion a	tate Certificate of Dea	ui t	tate File Number			
1. Legal Name (molude AKA's it any). First	Middle L	LAST Suffix					
Rosalind		AVIS	March 4				
3. Sex (M/F) 4a. Age – Last E Female 56	Birthday 4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	. Social Security Num	ber 6.	County of De	eath	
7. Birthdate 8a. Bi		(State or Foreign Country)	9. Decedent's Ed				
Aug. 31, 1951] 10. Was Decedent of Hispanic Origin		Montana 11. Decedent's Race(s)	some or	ollege no	12.1	Was Decede	
No. 3a. Residence: Number and Street (a a SOA SE S th C41/(makuda Ant Ma)	<u> </u>	White	13b. City or T		med Forces	¹ no−
200 Ridgecrest Ro				1 -	enson		
3c. Residence; County Skamania	13d, Tribal Reservation Name (if a n/a	pplicable) 13e. State or Foreig Washin	•	13f. Zip Code + -		3g. Inside	
4. Estimated length of time at reside	nce. 15. Marital Status at Time of	Death 16. Surviving Spous	e's Name (Give name p	nor to first marriage)		AN CO	1110
28 years 7. Usual Occupation (Indicate type of w	married vork done during most of working life (o	Ohancey I	Robert Davis	not use Company Na	ıme)		
Legal Secreta	rv	Cot	unty Governm	ent			
9. Father's Name (First, Middle, Last, S			s Name Before First M Virginia		The second second		
Richard I 1. Informant's Name	Wright 22. Relationship to Deced	lent 23. Mailing Address:	lumber and Street or RFD No.	City or Town	Gelder State Z		
hancey Davis 4. Place of Death, if Death Occurred in a H	nuscand	ZUU KIUGECI	rest Rd NE, th, if Death Occurred Son			8648	
	ngton Medical Cent		In, in Gradin Gradina Gain	terricie objet (right)	т юзрад.	and the second	
Facility Name (If not a facility, give nu	imber & street or location) C Joseph Place	26:	a. City, Town, or Loca	tion of Death 26	į	7. Zip Cod	*
8. Method of Disposition	29. Place of Final Disposition		Vancouver ther place)	30. Location-City		98682 tate	<u> </u>
cremation	<u>Columbia Rive</u>	r Crematory		White S			<u></u>
1. Name and Complete Address of F Gardner Funeral Hor	ne, PO Box 390, Wh	ite Salmon, WA	98672	32	2. Date of Disp. 03/06/2		
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Accident Undetermined Suicide Pending 1. Date of Injury (MMXDDYYYY) 5. Location of Injury: Number & Streetly or Town: 6. Describe how injury occurred 8a. Certifying Physician 9. Name and Address of Certifier - Place Streetly of Attending Physics 1. Name and Title of Attending Physics 3. Title of Certifier	a. SPSI a. SPSI a. SPSI ding b. hype Market and the etiology. DO NOT ABBREVIA a. SPSI ding b. hype Market and the second at the second and the second at the second and the second at the second	at directly caused the death. In It. Add additional lines if new with Septic. Due to (of as a consect the underlying cause given about the underlying cause given ab	Shock and quence of): Shock and quence of): Quence of):	Autopsy? 37 (co.) Yes X No before death ear before death staurant, wooded area April 2:	interview interv	val between 0 va	onset & De
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Exhibit "A"

ALL OF LOTS 4 AND 5 HILLTOP MANOR, ACCORDING TO THE AMENDED PLAT THEREOF ON FILE AND OF RECORD AT PAGE 110 OF BOOK "A" OF PLATS, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

EXCEPT THE EASTERLY 39 FEET OF SAID LOT 5:

APN# 03753632046000

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-Sample Format-Affidavit of Surviving Spouse or Domestic Partner for Claiming an Exemption Based on Inheritance of Real Estate

State of Washington County of SKAMANIA Name of deceased Rosalind M Davis I, (survivor's name) Chancey R. Davis JR sole and rightful heir to the property described as: affirm that I am the Parcel number(s) 03753632046000 I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signed this 24th day of February Chancey R. Davis K.

(Signature of surviving pouse or registered domestic partner) Coo NE Ridgecrest DR. Stevenson WA 98648 (Address of surviving spouse or domestic partner) (City) (State)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.