

**WHEN RECORDED RETURN TO:**

Travis Parks

P.O. Box 1154

Stevenson, Wa.

98648

**DOCUMENT TITLE(S)**

Death Cert.

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

Noreen E. Parks

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

**GRANTEE(S):**

Jerry R. Parks

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

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Section 17, T3N, R8E

☒ Complete legal on page 4 of document.

**TAX PARCEL NUMBER(S):**

03081740130100 JM 3-17-09 VC

☐ Additional parcel numbers on page \_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

3  
LOCAL FILE NUMBER

1. NAME First Middle Last <b>Noreen Elaine PARKS</b>				2. SEX (M / F) <b>Female</b>		3. DEATH DATE (Mo. Day, Yr) <b>Jan 11 1996</b>	
4. AGE (LAST BIRTHDAY) (Yrs) <b>46</b>		5. UNDER 1 YEAR MOS DAYS <b></b>		6. UNDER 1 DAY HOURS MINS <b></b>		7. BIRTHDATE (Mo. Day, Yr) <b>March 4 1949</b>	
8. BIRTHPLACE (City, State or Foreign Country) <b>Waynesboro VA</b>				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		10. COUNTY OF DEATH <b>Skamania</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Carson</b>				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN 4. HOSP 5. NUR HOME 6. OTHER PLACE <b>212 Dillingham Loop</b>			
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Jerry R Parks</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) <b>12</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Homemaker</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE—NUMBER AND STREET <b>212 Dillingham Loop</b>		23. CITY/TOWN OR LOCATION <b>Carson</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		25. COUNTY <b>Skamania</b>	
26. LENGTH OF RES IN CO <b>30 yrs</b>		27. STATE <b>Washington</b>		28. ZIP CODE <b>98610</b>			
29. FATHER'S NAME—FIRST, MIDDLE, LAST <b>James C Fitzgerald</b>				30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Dolores C Crest</b>			
31. INFORMANT NAME <b>Jerry Parks</b>				32. MAILING ADDRESS—STREET OR RFD NO CITY OR TOWN STATE ZIP <b>POB 871 Carson WA 98610</b>			
33. BURIAL, CREMATION, OR OTHER (Specify) <b>Burial</b>		34. DATE (Mo. Day, Yr) <b>11/18/96</b>		35. CEMETERY/CREMATORY NAME <b>Wind River Cemetery</b>		36. LOCATION—CITY/TOWN, STATE <b>Carson WA</b>	
37. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		38. NAME OF FACILITY <b>GARDNER FUNERAL HOME INC.</b>		39. ADDRESS OF FACILITY <b>POB 390 WHITE SALMON WA 98672</b>			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: <b>X</b>				40. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: <b>X [Signature], County Coroner</b>			
41. DATE SIGNED (Mo., Day, Yr) <b>January 23, 1996</b>		42. HOUR OF DEATH (24 Hrs.) <b>Undetermined</b>		43. DATE SIGNED (Mo., Day, Yr) <b>January 11, 1996</b>		44. HOUR OF DEATH (24 Hrs.) <b>0445</b>	
45. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print) <b>Bradley Andersen Cor Skamania Co Courthouse Stevenson WA</b>				46. PRONOUNCED DEAD (Mo., Day, Yr) <b>98648</b>			
47. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Bradley Andersen Cor Skamania Co Courthouse Stevenson WA</b>				48. ME/CORONER FILE NUMBER <b>96-051SK</b>			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <b>MENINGOCOCCEMIA</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yes / No) <b>Yes</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. PLACE OF INJURY (Specify)	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (Specify)					
60. RECORD AMENDMENT (Regular use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		61. REGISTRATION SIGNATURE <i>[Signature]</i>				62. DATE RECEIVED (Mo., Day, Yr) <b>1/25/96</b>	



Washington State  
Department of Revenue  
Special Programs Division  
PO Box 47477  
Olympia, WA 98504-7477

-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 Noreen Elaine Parks

I, (survivor's name) Jerry Ray Parks affirm that I am the  
sole and rightful heir to the property described as:

Parcel number(s) 03081740130100

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 16 day of March, 2009 at Carson, Wa.  
(month) (year) (city) (state)

*Jerry*

Jerry Ray Parks

(Signature of surviving spouse or registered domestic partner)

Jerry Ray Parks

(Printed name of surviving spouse or registered domestic partner)

P.O. Box 871

(Address of surviving spouse or domestic partner)

Carson

(City)

Wa.

(State)

98610

(Zip)

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

112293

BOOK 125 PAGE 481

Filed for Record at Request of  
Columbia Title Company  
AFTER RECORDING MAIL TO:

Name Columbia Title Company  
Address 1000 East Jewett Blvd.  
City, State, Zip White Salmon, WA 98672

Escrow No. 16515

FILED FOR RECORD	
SKAMANIA CO., WASH.	
BY	This Space Reserved For Recorder's Use:
OCT 17 9 57 AM '91	SKAMANIA CO., TITLE
	V. Salvesen
	ADDITIONAL
	GARY H. OLSON

ANY OPTIONAL PROVISION NOT INITIALED BY ALL PERSONS SIGNING THIS CONTRACT -- WHETHER INDIVIDUALLY OR AS AN OFFICER OR AGENT -- IS NOT A PART OF THIS CONTRACT.

### REAL ESTATE CONTRACT (RESIDENTIAL SHORT FORM)

1. PARTIES AND DATE. This Contract is entered into on 19 OCTOBER 14, 1991  
between ALMA M. BAUMGART, a widow---

JERRY R. PARKS AND NOREEN E. PARKS, husband and wife--- as "Seller" and  
as "Buyer."

2. SALE AND LEGAL DESCRIPTION. Seller agrees to sell to Buyer and Buyer agrees to purchase from Seller the following described real estate in SKAMANIA County, State of Washington:

A tract of land in the Northwest quarter of the Southeast quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southwest Corner of the Southeast quarter of said Section 17; thence East 30 feet; thence North 1,536.55 feet; thence East 417 feet to the True Point of Beginning; thence North 104.25 feet; thence West 88 feet; thence South 104.25 feet; thence East 88 feet to the True Point of Beginning.

SUBJECT TO: 1972 Princeton Mobile Home.

Skamania County Assessor

Date 3-17-99 Parcel 3-8-17-4-0-130

Glenda J. Kimmel, Skamania County Assessor  
By: W.L. Parcel # 3-8-17-4-1301

3. PERSONAL PROPERTY. Personal property, if any, included in the sale is as follows:

REAL ESTATE EXCISE TAX

14596

OCT 17 1991

No part of the purchase price is attributed to personal property.

4. (a) PRICE. Buyer agrees to pay:  
\$ 30,000.00 Total Price PAID 384.00  
Less (\$ 7,000.00) Down Payment W. Realty  
Less (\$           ) Assumed Obligation(s)  
Results in \$ 23,000.00 Amount Financed by Seller.

(b) ASSUMED OBLIGATIONS. Buyer agrees to pay the above Assumed Obligation(s) by assuming and agreeing to pay that certain            dated            recorded as AF#           . Seller warrants the unpaid balance of said obligation is \$            which is payable \$            on or before the            day of           , 19           , interest at the rate of            % per annum on the declining balance thereof; and a like amount on or before the            day of            each and every            thereafter until paid in full.  
Note: Fill in the date in the following two lines only if there is an early cash out date.

Registered             
Indexed, U             
Indirect             
Filmed 10/2/91  
Mailed           

NOTWITHSTANDING THE ABOVE, THE ENTIRE BALANCE OF PRINCIPAL AND INTEREST IS DUE IN FULL NOT LATER THAN           , 19           .