AFN #2009172641 Recorded 04/22/09 at 04:29 PM DocType: DEATH Filed by: MAYNARD MCGINNIS Page: 1 of 4 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

Maynard McGinnis
762 Jessup Rd
Bingen, Washington
98605

DOCUMENT TITLE(S)

Death Certificate

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

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Inga McGinnis

[ ] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX
N/A
APR 22 2009
PAID N/A
Vicki Cleveland, Deputy
SKAMANIA COUNTY TREASURER

GRANTEE(S):

Maynard R McGinnis

[ ] Additional names on page _____ of document.

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

See complete legal Attached

[ ] Complete legal on page 3 of document.

TAX PARCEL NUMBER(S):

03091000190000 JM 4/22/09

[ ] 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.

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

I.D. TAG NO. 507246

CERTIFICATE OF DEATH

136- STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) First	Middle	Last	Suffix	2. Death Date (MON DD YYYY)
Inga		McGinnis		Mar 26, 2009

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
Female	83			[redacted]	Multnomah

7. Birthdate (MON DD YYYY)	8a. Birthplace (City/Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
July 23, 1925	Froid	Montana	High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No If yes, specify.)	11. Decedent's Race(s)	12. Was Decedent Ever in U.S. Armed Forces?
No	White	☐ Yes ☒ No

13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8)	14. City/Town
762 Jessup Road	Bingen

15. Residence County	16. State or Foreign Country	17. Zip Code + 4	18. Inside City Limits?
Skamania	Washington	98605	☐ Yes ☒ No ☐ Unknown

19. Marital Status at Time of Death	20. Spouse's Name (If married or widowed, give name prior to first marriage.)
Married	Maynard McGinnis

21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")	22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)
Homemaker	Own Home

23. Father's Name (First, Middle, Last, Suffix)	24. Mother's Name Prior to First Marriage (First, Middle, Last)
Ole Thorpe	Chestey Annoson

25. Informant's Name	26. Telephone Number	27. Relation to Decedent	28. Mailing Address (Number & Street, City/Town, State, Zip + 4)
David McGinnis	541-476-7511	Son	384 Frankham Rd. Grants Pass, OR 97527

29. Place of Death	30. Facility Name
Hospital - Inpatient	Legacy Emanuel Hospital

31. Location of Death (Give address.)	32. City/Town or Location of Death	33. State	34. Zip Code + 4
2801 N. Gantenbein Avenue	Portland	OR	97227

35. Method of Disposition	36. Place of Disposition (Name of cemetery, crematory, or other place)	37. Location
Removal From State	New Tacoma Cemeteries	University Place, Washington

38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) 9212 Chambers Creek Rd. W. University Place, WA 98467
New Tacoma Cemeteries & Funeral Home

39. Date of Disposition (MON DD YYYY)	40. Funeral Director's Signature	41. OR License Number
Mar. 27, 2009	▶ [signature]	CO-3772

42. Registrar's Signature	43. Date Received (MON DD YYYY)	44. Local File Number
▶ [signature]	APR 02 2009	00[illegible]45

45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner?	47. Autopsy?	48. Were autopsy findings available to complete the cause of death?	49. Time of Death
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	5:28 p

CAUSE OF DEATH (See instructions and examples.)

50. 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

		Approximate Interval: Onset to Death
Final disease or condition resulting in death →	IMMEDIATE CAUSE ↓ a. Mitral Regurgitation	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ b. Coronary Artery Disease	
	Due to (or as a consequence of) ↓ c.	
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above. Mitral Valve Replacement, Coronary Artery Bypass Graft-1

52. Manner of Death	53. If Female	54. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☒ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death	☐ Yes ☐ Probably ☒ No ☐ Unknown

55. Date of Injury (MON DD YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	58. Injury at Work?
			☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street, City/Town, State, Zip + 4)

60. Describe how injury occurred.

61. If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Downtown Hill 2222 N.W. Lovejoy #315 Portland OR 97210

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier	65. License Number	66. Date Signed (MON DD YYYY)
M.D.	13534	3/30/2009

67. Medical Certifier – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	68. Medical Examiner – 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.
▶ [signature] M.D.	▶

69. Record Amendment

ORIGINAL - VITAL RECORDS COPY

45-2 (06/08)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: APR 09 2009

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Beginning at a point on the East line of Section 10, Township 3 North, Range 9 East of the Willamette Meridian, which is ~~990~~ 1320 feet South of the Northeast corner of the Southeast quarter of the Southeast quarter of said Section 10; thence West 660 feet; thence North 462 feet; thence East 660 feet; thence South 462 feet to the point of beginning;
EXCEPT the South 150 feet of the West 280 feet of the Southeast quarter of the Southeast quarter of the Southeast quarter of said Section 10;
TOGETHER WITH an existing mobile home now located on said real property.

This deed is in fulfillment of that certain Real Estate Contract dated May 30, 1985 and recorded under Skamania County Auditor's File No. 99321, bearing excise tax receipt No. 10311, wherein **LESTER S. KNOWLTON** and **ARLIE A. KNOWLTON**, husband and wife, sold the above real property to Grantees above named; that pursuant to Deed and Seller's Assignment of Real Estate Contract dated September 3, 1986 and recorded under Skamania County Auditor's File No. 103113, Book 105, P. 102, the seller's interest was assigned to Grantor above named and that the covenants herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.

Glenda J. Kimmel, Skamania County Assessor
By: 5/16/97 Parcel # 03 09 10 00 01900 00

Skamania County Assessor
Date 4-22-09 Parcel# 3-9-10-0-0-1900
Im

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 Inga McGinnis

I, (survivor's name) Maynard R. McGinnis affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 03091000190000

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 22nd day of April (month), 2009 (year) at Stevenson (city), WA (state)

Maynard R McGinnis
(Signature of surviving spouse or registered domestic partner)

Maynard R McGinnis
(Printed name of surviving spouse or registered domestic partner)

762 Jessup Rd (Address of surviving spouse or domestic partner) Bingen (City) Wa (State) 98605 (Zip)

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