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.

GRANTEE(S):

Maynard R McGinnis

[ ] Additional names on page _____ of document.

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

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 dm 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.

Unofficial Copy

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS 136-

I.D. TAG NO. 507246

CERTIFICATE OF DEATH

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) First: Inga Middle: Last: McGinnis Suffix:
2. Death Date (MON DD YYYY): Mar 26, 2009
3. Sex (M/F): Female
4a. Age – Last Birthday: 83
4b. Under 1 Year: Months: Days:
4c. Under 1 Day: Hours: Minutes:
5. Social Security Number: [redacted]
6. County of Death: Multnomah
7. Birthdate (MON DD YYYY): July 23, 1925
8a. Birthplace (City/Town, or County): Froid
8b. (State or Foreign Country): Montana
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? ☐ Yes ☒ No
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 4): 762 Jessup Road
14. City/Town: Bingen
15. Residence County: Skamania
16. State or Foreign Country: Washington
17. Zip Code + 4: 98605
18. Inside City Limits? ☐ Yes ☒ No ☐ Unknown
19. Marital Status at Time of Death: Married
20. Spouse's Name (If married or widowed, give name prior to first marriage.): Maynard McGinnis
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED"): Homemaker
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.): Own Home
23. Father's Name (First, Middle, Last, Suffix): Ole Thorpe
24. Mother's Name Prior to First Marriage (First, Middle, Last): Chestey Annoson
25. Informant's Name: David McGinnis
26. Telephone Number: 541-476-7511
27. Relation to Decedent: Son
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): 384 Frankham Rd. Grants Pass, OR 97527
29. Place of Death: Hospital - Inpatient
30. Facility Name: Legacy Emanuel Hospital
31. Location of Death (Give address.): 2801 N. Gantenbein Avenue
32. City/Town or Location of Death: Portland
33. State: OR
34. Zip Code + 4: 97227
35. Method of Disposition: Removal From State
36. Place of Disposition (Name of cemetery, crematory, or other place): New Tacoma Cemeteries
37. Location: University Place, Washington
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): New Tacoma Cemeteries & Funeral Home 9212 Chambers Creek Rd. W. University Place, WA 98467
39. Date of Disposition (MON DD YYYY): Mar. 27, 2009
40. Funeral Director's Signature: ▶ [signature]
41. OR License Number: CO-3772
42. Registrar's Signature: ▶ [signature]
43. Date Received (MON DD YYYY): APR 02 2009
44. Local File Number: 00[illegible]45
45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No
47. Autopsy? ☐ Yes ☒ No
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
49. Time of Death: 3:28 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.

Final disease or condition resulting in death → 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).		Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ a. Mitral Regurgitation	
	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
52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. 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
54. Did tobacco use contribute to 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: M.D.
65. License Number: 13534
66. Date Signed (MON DD YYYY): 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. ▶ [signature] M.D.
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. ▶
69. Record Amendment

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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

1320

Beginning at a point on the East line of Section 10, Township 3 North, Range 9 East of the Willamette Meridian, which is ~~990~~ 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 03 09/10001900 00
Parcel #
Date 5/18/92

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

Unofficial Copy

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.

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