AFN #2009172644 Recorded 04/23/09 at 11:48 AM DocType: DEATH Filed by: BEVERLY GALLIPO Page: 1 of 4 Auditor J. Michael Garvison Skamania County, WA

**WHEN RECORDED RETURN TO:**

BEVERLY J GALLIPO

PO Box 975

STEVENSON WA 98648

***DOCUMENT TITLE(S)***

DEATH CERTIFICATE

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

[ ] Additional numbers on page _____ of document.

REAL ESTATE EXCISE TAX

N/A

APR 23 2009

PAID N/A

SKAMANIA COUNTY TREASURER

***GRANTOR(S):***

MERLE LYNN GALLIPO

[ ] Additional names on page _____ of document.

***GRANTEE(S):***

BEVERLY JOAN GALLIPO

[ ] Additional names on page _____ of document.

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

SEE COMPLETE LEGAL ON

[X] Complete legal on page 3 of document.

***TAX PARCEL NUMBER(S):***

~~03 07 36 14 1300 00~~

03 15 36 3 3 0600 00 BJM

[ ] 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

283437 I.D. TAG NO.

01503 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

99-019186 State File Number

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEDENT'S NAME | First: Merle | Middle: Lynn | Last: GALLIPO | 2. SEX: M | 3. DATE OF DEATH (Month, Day, Year): August 20, 1999 |
| 4. SOCIAL SECURITY NUMBER | [redacted] | 5a. AGE-Last Birthday (Years): 79 | 5b. Under 1 Year: Mos. / Days | 5c. Under 1 Day: Hours / Mins. | 6. BIRTHPLACE (City and State or Foreign Country): Valley City, ND | 7. DATE OF BIRTH (Month, Day, Year): August 6, 1920 |

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☑ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

| | | | |
|---|---|---|---|
| 9b. FACILITY NAME (If not institution, give street and number) | 9c. CITY, TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH |
| Kaiser Permanente-Sunnyside | Portland | Clackamas |

| | | | | |
|---|---|---|---|---|
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) | 10b. KIND OF BUSINESS/INDUSTRY | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) | 12. SPOUSE (If Married, Widowed) |
| Glue Mixer | Plywood Mill | Married | Beverly Willing |

| | | | | |
|---|---|---|---|---|
| 13a. RESIDENCE - STATE | 13b. COUNTY | 13c. CITY, TOWN OR LOCATION | 13d. STREET AND NUMBER | |
| Washington | Skamania | Stevenson | 21 NE Cascade | |
| 13e. INSIDE CITY LIMITS? ☐ Yes ☐ No | 13f. ZIP CODE: 98648 | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☑ No ☐ Yes Specify: | 15. RACE American Indian, Black, White, etc. (Specify): White | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary-Secondary (0-12): 12 College (1-4 or 5+): |

| | | | |
|---|---|---|---|
| 17. FATHER - NAME first middle last | 18. MOTHER - NAME first middle maiden | 19. INFORMANT - NAME and relationship to deceased |
| Raymond E. Gallipo | Lena - Dahl | Beverly Gallipo - Wife |

| | | |
|---|---|---|
| 20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☑ Donation ☐ Other (Specify) | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 20c. LOCATION - City or Town, State |
| | OHSU Medical School | Portland, Oregon |

| | | |
|---|---|---|
| 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH | 21b. OREGON LICENSE NO. (Or Licensure) | 22. NAME, ADDRESS AND ZIP OF FACILITY |
| [signature] | 1961 (WA) | Gardner Funeral Home POB 390 White Salmon, WA 98672 |

23. DATE FILED (Month, Day, Year): SEP 2 1999

24. REGISTRAR'S SIGNATURE: Mozelle A. Thompson

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

| | | | |
|---|---|---|---|
| 27. TIME OF DEATH: 1:15p | 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☑ No | 31a. TIME OF DEATH | 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) B.T. Stone M | | 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) | |
| 30. DATE SIGNED (Month, Day, Year): 8/25/99 | | 33. DATE SIGNED (Month, Day, Year) | COUNTY |

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Benton Stone, M.D. 19500 SE Stark Portland, OR 97233-5797

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | |
|---|---|---|
| 36. PART I (a) [redacted] Pneumonia, Renal Failure | | Interval between onset and death |
| (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 |

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

| | | | |
|---|---|---|---|
| | 37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown | 38. AUTOPSY ☐ Yes ☐ No | 39. Was YES was findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A |

| | | | | |
|---|---|---|---|---|
| 40. MANNER OF DEATH ☑ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention ☐ Other | 41a. DATE OF INJURY (Month, Day, Year) | 41b. TIME OF INJURY M | 41c. INJURY AT WORK? ☐ Yes ☐ No | 41d. DESCRIBE HOW INJURY OCCURRED |
| | 41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | | 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) |

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: APR 22 2009

Jennifer A. Woodward

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

STATE OF OREGON 1859

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Lots 16, 17, 18, 19, and 20 of Block Three of RIVERVIEW ADDITION TO THE TOWN OF STEVENSON, according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington, EXCEPT the West 25 feet of all of said Lots;

ALSO: A triangular tract of land situated in Section 36, Township 3 North, Range 7½ E.W.M., and in Section 6, Block Three lying westerly of the county road known and designated as the Kanaka Creek Road and southeasterly of the right-of-way of the Spokane, Portland and Seattle Railway Company; TOGETHER WITH all appurtenances thereunto appertaining.

SUBJECT TO: Water rights, rights of way, easements and restrictions of record or appearing upon the premises.

Skamania County Assessor
Date 4/23/09 Parcel# 3-75-36-3-3-600

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 MERLE LYNN GALLIPO

I, (survivor's name) BEVERLY JO N GALLIPO affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) ~~03073614130000~~ BQN

~~03736~~ BQN

03753633060000 BQN

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 23rd day of APRIL (month), 2009 (year) at STEVENSON (city), WA (state)

Beverly J Gallipo
*(Signature of surviving spouse or registered domestic partner)*

*(Printed name of surviving spouse or registered domestic partner)*

*(Address of surviving spouse or domestic partner)* *(City)* *(State)* *(Zip)*

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