

WHEN RECORDED RETURN TO:

Robert Rudhe sr
P.O. Box 304
North Bonneville, wa
98639

DOCUMENT TITLE(S)

Death cert

REAL ESTATE EXCISE TAX

N/A

REFERENCE NUMBER(S) of Documents assigned or released:

MAY - 4 2009

PAID

N/A

[] Additional numbers on page of document.

GRANTOR(S):

HARRIST L. Rudhe

SKAMANIA COUNTY TREASURER

[] Additional names on page of document.

GRANTEE(S):

Robert W. Rudhe sr 1/3, DONALD A. Rudhe 1/3
Judith L. Rudhe 1/3

[] Additional names on page of document.

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

T3N, R8E, Sec 27 in the SW 1/4 Skamania County
State of Washington

[X] Complete legal on page 4 of document.

TAX PARCEL NUMBER(S):

03082730040000

[] 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



146

FOR VETERANS USE ONLY

STATE FILE NUMBER

CERTIFICATE OF DEATH

1. NAME First: <u>Clarence</u> Middle: <u>William</u> Last: <u>RUDHE</u>				2. SEX (M / F) <u>Male</u>		3. DEATH DATE (Mo, Day, Yr) <u>Feb. 17, 1998</u>	
4. AGE LAST BIRTHDAY (Yrs) <u>79</u>		5. UNDER 1 YEAR MOS: _____ DAYS: _____		6. UNDER 1 DAY HOURS: _____ MINS: _____		7. BIRTHDATE (Mo, Day, Yr) <u>9/2/1918</u>	
8. BIRTHPLACE (City, State or Foreign Country) <u>Bemidji, MN</u>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <u>Yes</u>		10. COUNTY OF DEATH <u>Skamania</u>		11. CITY, TOWN OR LOCATION OF DEATH <u>Home Valley</u>	
12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERGENCY ROOM/UTP <input type="checkbox"/> HOSP. <input type="checkbox"/> NURS HOME <input type="checkbox"/> OTHER PLACE <u>31 House Street</u>				13. SMOKING IN LAST 15 YEARS? (Yes / No) <u>Yes</u>		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
15. SURVIVING SPOUSE (if wife, give maiden name) <u>Harriet Lorraine Eliason</u>				16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+) _____	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <u>Ranger</u>		19. KIND OF BUSINESS OR INDUSTRY <u>Recreation Dept. of Parks &</u>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <u>No</u>		21. RACE (Specify) <u>White</u>	
22. RESIDENCE—NUMBER AND STREET <u>31 House Street</u>		23. CITY/TOWN OR LOCATION <u>Home Valley</u>		24. INSIDE CITY LIMITS? (Yes/No) <u>No</u>		25. COUNTY <u>Skamania</u>	
26. STATE <u>WA</u>		27. ZIP CODE <u>98610</u>		28. FATHER'S NAME—FIRST, MIDDLE, LAST <u>Oliver - Rudhe</u>		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <u>Hilda - Hartine</u>	
30. INFORMANT—NAME <u>Harriet Rudhe</u>		31. MAILING ADDRESS <u>P.O. Box 478 Carson, WA 98610</u>					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <u>Cremation</u>		33. DATE (Mo, Day, Yr) <u>2/20/98</u>		34. CEMETERY, CREMATORY—NAME <u>Win-quatt Crematory</u>		35. LOCATION—CITY/TOWN, STATE <u>The Dalles, OR</u>	
36. FUNERAL DIRECTOR SIGNATURE <u>[Signature]</u>		37. NAME OF FACILITY <u>GARDNER FUNERAL HOME, INC.</u>		38. ADDRESS OF FACILITY <u>White Salmon, WA 98672</u>		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 <u>Dale Gowen, MD</u>	
40. DATE SIGNED (Mo, Day, Yr) <u>2-19-98</u>		41. HOUR OF DEATH (24 Hrs) <u>0730</u>		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Dale Gowen, M.D. 1151 May St. Hood River, OR 97031</u>		43. 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 <u>[Signature]</u>	
44. DATE SIGNED (Mo, Day, Yr) <u>2-19-98</u>		45. HOUR OF DEATH (24 Hrs) <u>0730</u>		46. PRONOUNCED DEAD (Mo, Day, Yr) <u>[Blank]</u>		47. HOUR PRONOUNCED DEAD (24 Hrs) <u>[Blank]</u>	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <u>Dale Gowen, M.D. 1151 May St. Hood River, OR 97031</u>		49. ME/CORONER FILE NUMBER <u>[Blank]</u>		50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death): <u>A. METASTATIC PROSTATIC ADENOCARCINOMA</u> 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. _____ C. _____ D. _____			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <u>[Blank]</u>		52. AUTOPSY? (Yes / No) <u>No</u>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <u>Yes</u>			
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) <u>[Blank]</u>		55. INJURY DATE (Mo, Day, Yr) <u>[Blank]</u>		56. HOUR OF INJURY (24 Hrs) <u>[Blank]</u>		57. DESCRIBE HOW INJURY OCCURRED: <u>[Blank]</u>	
58. INJURY AT WORK? (Yes / No) <u>[Blank]</u>		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) <u>[Blank]</u>		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE <u>[Blank]</u>			
61. RECORD AMENDMENT (Registrar use only) ITEM: _____ DATE: _____		62. REGISTRAR SIGNATURE <u>[Signature]</u>		63. DATE RECEIVED (Mo, Day, Yr) <u>2/23/98</u>			



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 CLARENCE W. RUDHE

I, (survivor's name) HARRIET L. RUDHE affirm that I am the
sole and rightful heir to the property described as:

Parcel number(s) 03-08-27-3-0-0400-00

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 15th day of APRIL 2009 at NORTH BONNEVILLE, WA
(month) (year) (city) (state)

Harriet L. Rudhe

(Signature of surviving spouse or registered domestic partner)

HARRIET L. RUDHE

(Printed name of surviving spouse or registered domestic partner)

PO Box 304 NORTH BONNEVILLE WA 98639
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

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

PAGE 2 of 3 attached to Rudhe Deed

Skamania County Assessor
Date 4/30/09 Parcel# 3-8-27-3-407

A tract of land in Section 27, Township 3 North, Range 8 E. W. M., being a portion of the William M. Murphy D. L. C. and more particularly described as follows:

Beginning at a point which is the intersection of the east line of the William Murphy D. L. C. with the northerly right of way line of State Highway No. 8 as the same existed in 1964; said point being marked by a county monument; thence along said northerly right of way line north $66^{\circ} 34'$ west 230.5 feet; thence north $23^{\circ} 26'$ east 20 feet; thence north $66^{\circ} 34'$ west 250 feet; thence south $23^{\circ} 26'$ west 10 feet; thence north $66^{\circ} 34'$ west 416 feet; thence north $23^{\circ} 26'$ east 255.6 feet to the northerly right of way line of the county road known and designated as the House Road; thence along said northerly line south $68^{\circ} 17'$ east 215 feet to the initial point of the tract hereby described, said point being marked by an iron rod; thence north $21^{\circ} 43'$ east 167.45 feet, more or less, to the northerly line of a tract of land conveyed to Ellis A. House by deed dated May 17, 1956, and recorded at page 502 of Book 41 of Deeds, Records of Skamania County, Washington (Parcel No. 1); thence along said line north $60^{\circ} 41'$ west 832.57 feet; thence north $59^{\circ} 38'$ west 123.9 feet, more or less, to a point on the easterly line of a tract of land conveyed to the Wind River Lumber Company by deed dated August 18, 1903, and recorded at page 499 of Book H of Deeds, Records of Skamania County, Washington; thence in a southerly direction following the easterly line of said Wind River Lumber Company tract to an intersection with the northerly right of way line of State Highway No. 8 as the same existed in 1964; thence following the northerly right of way line south $66^{\circ} 34'$ east 180 feet, more or less, to the northwesterly right of way line of the House Road aforesaid, said point being 120 feet north $23^{\circ} 26'$ east from station 328+30 of the center line of State Highway No. 8 as the same existed in 1964; thence along the northerly right of way line of the House Road aforesaid to the initial point;

EXCEPT: All that portion lying westerly of the county road known and designated Old Hatchery Road, County Road No. 30350, and Except Lots 1,2,3,4,5 of RUDHE TRACTS according to the official plat thereof on file and of record at page 141 of Book A of plats Records of Skamania County, Washington: Subject to easements and rights of way of record.