WHEN RECORDED RETURN TO:

Diane R. Green
72 Little Rock Creek Rd.
Cook, WA. 98605

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
JUL 22 2009
PAID N/A
SKAMANIA COUNTY TREASURER

GRANTOR(S):

Glenn L. Green

[ ] Additional names on page _____ of document.

GRANTEE(S):

Diane R. Green

[ ] Additional names on page _____ of document.

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

S10 T3N R9

[X] Complete legal on page 4 of document.

TAX PARCEL NUMBER(S):

03091000140100 AM

[ ] 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

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 Glenn L. Green

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

Parcel number(s) 03091000140100

LM

REAL ESTATE EXCISE TAX
N/A
JUL 22 2009
PAID N/A
SKAMANIA COUNTY TREASURER

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 21st day of July (month), 2009 (year) at Stevenson (city), WA (state)

Diane R. Green
(Signature of surviving spouse or registered domestic partner)

Diane R. Green
(Printed name of surviving spouse or registered domestic partner)

72 Little Rock Creek Rd. (Address of surviving spouse or domestic partner) Cook (City) WA (State) 98605 (Zip)

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

Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number | State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Glenn Middle: L. LAST: GREEN Suffix:
2. Death Date: April 25, 2009
3. Sex (M/F): Male
4a. Age - Last Birthday: 69
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: June 15, 1939
8a. Birthplace (City, Town, or County): White Salmon
8b. (State or Foreign Country): Washington
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
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 72 Little Rock Creek Road
13b. City or Town: Cook
13c. Residence: County: Skamania
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98605
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 35 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Diane Rene Rogers
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): County Road Maintenance
18. Kind of Business/Industry (Do not use Company Name): County Government
19. Father's Name (First, Middle, Last, Suffix): James Carl Green
20. Mother's Name Before First Marriage (First, Middle, Last): Hazel Irene Sexton
21. Informant's Name: Diane R. Green
22. Relationship to Decedent: Spouse
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 72 Little Rock Creek Road Cook, WA 98605
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence
25. Facility Name (If not a facility, give number & street or location): 72 Little Rock Creek Road
26a. City, Town, or Location of Death: Cook
26b. State: WA
27. Zip Code: 98605
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Columbia River Crematory
30. Location-City/Town, and State: White Salmon, Washington
31. Name and Complete Address of Funeral Facility: Gardner Funral Home PO Box 390 White Salmon, WA 98672
32. Date of Disposition: April 29, 2009
33. Funeral Director Signature X: R. Pinecke

Cause of Death (See instructions and examples)

34. 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. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Colorectal Cancer — Interval between Onset & Death: 4 years

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. Due to (or as a consequence of): — Interval between Onset & Death:

c. Due to (or as a consequence of): — Interval between Onset & Death:

d. Due to (or as a consequence of): — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. 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
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. **Certifying Physician**-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X James W. Brauer MD
48b. **Medical Examiner/Coroner** - 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. X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): James Brauer 1021 June St. Hood River, OR 97031
50. Hour of Death (24hrs): 1000
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 4/28/09
53. Title of Certifier: MD
54. License Number: 15304 Oregon
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): 04/29/2009
59. Amendments

DOH/CHS 003 Rev 07/09/07 DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST BEAR THE OFFICIAL SEAL.

UNOFFICIAL COPY

BOOK 72 PAGE 626

84021

Transamerica Title Insurance Co

A Service of Transamerica Corporation

Filed for Record at Request of

Name

Address

City and State

MAY 1977 RECEIVED SKAMANIA COUNTY AUDITOR STEVENSON, WASH

REGISTERED
INDEXED: DIR.
INDIRECT
INDEXED
MAILED
FILED 5-11-77

STATE OF WASHINGTON COUNTY OF SKAMANIA SS. FOR AUDITOR'S USE ONLY

I HEREBY CERTIFY THAT THE WITHIN INSTRUMENT OF WRITING FILED BY Diane R. Green 6070 Little Rock Cr Rd OF Cottonwood Beach AT 2:15 PM May 11 19 77 WAS RECORDED IN BOOK 72 OF Deeds AT PAGE 626 RECORDS OF SKAMANIA COUNTY, WASH.

J. M. Todd COUNTY AUDITOR

E. Mafo DEPUTY

84021

Statutory Warranty Deed

THE GRANTOR, GENEVA FRIAND

for and in consideration of $10.00 and other good and valuable consideration

in hand paid, conveys and warrants to GLENN L. GREEN and DIANE R. GREEN, his wife,

the following described real estate, situated in the County of SKAMANIA, State of Washington:

All that portion of the Northwest Quarter of the Southeast Quarter of the Southeast Quarter (NW1/4 SE1/4 SE1/4) of Section 10, Township 3 North, Range 9 E. W. M., lying northeasterly of the centerline of County Road No. 3224 designated as the Little Rock Creek Road.

SUBJECT TO: easements, restrictions and covenants of record.

Skamania County Assessor
Date 7-21-09 Parcel# 3-9-10-1401
SM

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated May 1, 19 73, and conditioned for the conveyance of the above described property, and the covenants of warranty 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.

Real Estate Sales Tax paid on this sale on May 29, 1973, Rec. No. 1933

Dated this 6th day of May, 19 77

No. 4677

Geneva Friand

TRANSACTION EXCISE TAX

MAY 11 1977

Amount Paid exempt # 1933

Skamania County Treasurer

Karen Sulpizio

STATE OF WASHINGTON, County of CLARK } ss.

On this day personally appeared before me GENEVA FRIAND

to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 6th day of May, 19 77

Nila Kay Moreland
Notary Public in and for the State of Washington, residing at Vancouver

Form 7-3, W/062

Unofficial Copy