AFN #2009173441 Recorded 07/22/09 at 04:16 PM DocType: DEATH Filed by: JIM SEAVERS Page: 1 of 3 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

Jim Severs
2842 NW 32nd CIR
CAMAS WA 98607

DOCUMENT TITLE(S)

DEATH CERTIFICATE

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

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

LUELLADEAN SEVERS

[ ] Additional names on page _____ of document.

GRANTEE(S):

PARKER SEVERS

[ ] Additional names on page _____ of document.

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

1981 EMBASSY PLATE #: % 23917 VIN 9959

[ ] Complete legal on page _____ of document. 52/24 812262 3201

TAX PARCEL NUMBER(S):

90005970006000

[ ] 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.

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 LUELLADEAN SEVERS

I, (survivor's name) PARKER SEVERS affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 90005970000000

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 22 day of July (month), 2009 (year) at STEVENSON (city), WA (state)

x Parker Severs
(Signature of surviving spouse or registered domestic partner)

PARKER SEVERS
(Printed name of surviving spouse or registered domestic partner)

986 S ROCK CR DR *(Address of surviving spouse or domestic partner)* STEVENSON *(City)* WA *(State)* 98607 *(Zip)*

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

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK.

489951
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER *81932*

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) — First: Luelladean; Middle: ; Last: Severs; Suffix:
2. Death Date (MON DD YYYY): March 20, 2008
3. Sex (M/F): Female
4a. Age – Last Birthday: 82
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): April 30, 1925
8a. Birthplace (City/Town, or County): Dayton
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 ☒ No
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. B): 986 S. Rock Creek Drive
14. City/Town: Stevenson
15. Residence County: Skamania
16. State or Foreign Country: Washington
17. Zip Code + 4: 98648
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.): Parker T. Severs
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): Charles Gersham Ross
24. Mother's Name Prior to First Marriage (First, Middle, Last): Ora May Parke
25. Informant's Name: Parker Severs
26. Telephone Number: 509/427-7272
27. Relation to Decedent: Husband
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): 986 S. Rock Creek Drive Stevenson, WA 98648
29. Place of Death: Hospital-Inpatient
30. Facility Name: Legacy Emanuel Hospital & Health Center
31. Location of Death (Give address.): 2801 N Gantenbein
32. City/Town or Location of Death: Portland
33. State: Oregon
34. Zip Code + 4: 97227
35. Method of Disposition: REmoval From State
36. Place of Disposition (Name of cemetery, crematory, or other place): Old Carson Cemetery
37. Location: Carson, Washington
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Gardner Funeral Home POB 390 White Salmon, WA 98672
39. Date of Disposition (MON DD YYYY): March 26, 2008
40. Funeral Director's Signature: [signature]
41. OR License Number: RR64
42. Registrar's Signature: [signature]
43. Date Received (MON DD YYYY): APR 2 2 2008
44. Local File Number: 01790
45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? Yes
47. Autopsy? No
48. Were autopsy findings available to complete the cause of death?
49. Time of Death: 1725
50. CAUSE OF DEATH
IMMEDIATE CAUSE
a. CERVICAL SPINE FRACTURE — Approximate Interval: Onset to Death: UNKNOWN
Due to (or as a consequence of)
b.
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: HYPERTENSION, ARTERIOSCLEROTIC CORONARY ARTERY DISEASE,
52. Manner of Death: Accident
53. If Female:
54. Did tobacco use contribute to death? Unknown
55. Date of Injury: March 16, 2008
56. Time of Injury: 0400
57. Place of Injury: Home
58. Injury at Work? No
59. Location of Injury: 986 NW Rock Creek Drive, Stevenson, Washington 98648
60. Describe how injury occurred: Ground level fall after syncopal event
61. If transportation injury, specify:
62. Name and Address of Certifier: Clifford Conrad Nelson, 13309 SE 84th Avenue 100, Clackamas, Oregon 97015-6901
63. Name and Title of Attending Physician if Other than Certifier: Not Available
64. 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.
Clifford Conrad Nelson — Electronically Signed
65. Title of Certifier: M.D.
66. Date Certified: March 26, 2008
67. License Number: MD16575
68. Record Amendment

45-2 DPM (02/06)

STATE OF OREGON

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

DATE ISSUED: APR 2 3 2008

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

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

MULTNOMAH COUNTY