AFN #2009173759 Recorded 08/31/09 at 11:49 AM
Doctype: DEATH Filed by: JUDY WISE Page: 1 of 3
Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

Allan Wise
253 Glenvista Dr
Spring Creek NV 89815

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
AUG 31 2009
PAID N/A
Vicki Helland Deputy
SKAMANIA COUNTY TREASURER

GRANTOR(S):

Thomas Haxton

[ ] Additional names on page _____ of document.

GRANTEE(S):

Ellen Haxton

[ ] Additional names on page _____ of document.

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

Lot 9 Rosenbach Corner SP BK "B" of Plats page 40 records of Skamania County Washington

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03082120290000

Skamania County Assessor
Date 8-31-09 Parcel# 3-8-21-2-0-2900
JM

[ ] 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 Thomas Haxton

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

Parcel number(s) 03082120290000

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 31 day of August (month), 2009 (year) at Stevenson (city), Wash. (state).

Ellen Haxton
(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.*

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 2006-1074 **Washington State Certificate of Death** State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Thomas	Oscar	HAXTON		June 1, 2006

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
Male	77			[redacted]	Klickitat

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
April 24, 1929	Yakima	Washington	High School Graduate/GED

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
Lot 51 Rosebach Lane	Carson

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skamania		Washington	98610	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
25 Years	Married	Ellen Jennie Lawrence

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))	18. Kind of Business/Industry (Do not use Company Name)
Millworker	Plywood Mill

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Elmer Raymond Haxton	Jean Fransk

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip
Ellen Haxton	Wife	PO Box 904 Stevenson, WA 98648

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
Inpatient	

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
Skyline Hospital	White Salmon	WA	98672

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Columbia River Crematory	White Salmon, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Gardner Funeral Home POB 390 White Salmon, WA 98672	June 2, 2006

33. Funeral Director Signature X [signature]

Part 2 completed by Certifier

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Emphysema	8 yrs
	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. Congestive Heart Failure	1 year
	Due to (or as a consequence of):	
	c. Tobacco Abuse/Addiction	60 yrs
	Due to (or as a consequence of):	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
	☐ Yes ☒ No	☐ Yes ☐ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ 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	☒ 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(s) stated.

X [signature] Cindy Horton 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(s) stated.

X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Cindy Horton, MD POB 1519 White Salmon, WA 98672	0701
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	6/1/06

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	31832		☐ Yes ☒ No

57. Registrar Signature X [signature] 58. Date Received (MM/DD/YYYY) JUN 01 2006

59. Amendments

DOH/CHS 003 Rev 2/06/2004H 01-003 (5/99)