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 Ulland, 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.

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 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.*

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 2006-7014

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First / Middle / LAST / Suffix: Thomas Oscar HAXTON			2. Death Date: June 1, 2006
3. Sex (M/F): Male	4a. Age – Last Birthday: 77	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]	6. County of Death: Klickitat		
7. Birthdate: April 24, 1929	8a. Birthplace (City, Town, or County): Yakima	8b. (State or Foreign Country): Washington	9. Decedent's Education: High School Graduate/GED
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? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): Lot 51 Rosebach Lane	13b. City or Town: Carson		
13c. Residence: County: Skamania	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98610
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk			
14. Estimated length of time at residence: 25 Years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's Name (Give name prior to first marriage): Ellen Jennie Lawrence	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Millworker	18. Kind of Business/Industry (Do not use Company Name): Plywood Mill		
19. Father's Name (First, Middle, Last, Suffix): Elmer Raymond Haxton	20. Mother's Name Before First Marriage (First, Middle, Last): Jean Fransk		
21. Informant's Name: Ellen Haxton	22. Relationship to Decedent: Wife	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: PO Box 904 Stevenson, WA 98648	
24. Place of Death, if Death Occurred in a Hospital: Inpatient	Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location): Skyline Hospital	26a. City, Town, or Location of Death: White Salmon	26b. State: WA	27. Zip Code: 98672
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 Funeral Home POB 390 White Salmon, WA 98672	32. Date of Disposition: June 2, 2006		
33. Funeral Director Signature X			

Part 1 completed by Funeral Director

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 years
	Due to (or as a consequence of):	Interval between Onset & Death
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):	Interval between Onset & Death
	c. Tobacco Abuse/Addiction	60 yrs
	Due to (or as a consequence of):	Interval between Onset & Death
	d.	

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 ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of 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)

Part 2 completed by Certifier

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 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 stated. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Cindy Horton, MD POB 1519 White Salmon, WA 98672

50. Hour of Death (24hrs): 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: MD

54. License Number: 31832

55. ME/Coroner File Number

56. Was case referred to ME/Coroner? ☐ Yes ☒ No

57. Registrar Signature X

58. Date Received (MM/DD/YYYY): JUN 01 2006

59. Amendments

DOH/CHS 003 Rev 2/06/2000 DOH 01-003 (5/99)

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