

WHEN RECORDED RETURN TO:

Michael Sellsted
PO Box 447/101 Rosenbach Ln
Carson, WA 98610

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

REAL ESTATE EXCISE TAX

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Lois Sellsted

☐ Additional names on page _____ of document.

GRANTEE(S):

Herb Sellsted

☐ Additional names on page _____ of document.

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

Lot 11 Rosenbach's Corner, Plat Recorded in Book B
Page 40, Skamania County Records

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03-08-212-029/100 Ym 10-1-09

☐ 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.

N/A
OCT - 1 2009
PAID N/A
Vivian Chelland, Deputy
SKAMANIA COUNTY TREASURER



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 Lois C. Sellsted

I, (survivor's name) Herbert A. Sellsted affirm that I am the
sole and rightful heir to the property described as:

Parcel number(s) 03-08-212-0291100

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 1st day of October, 2009 at Carson, WA
(month) (year) (city) (state)

Herbert A. Sellsted

(Signature of surviving spouse or registered domestic partner)

Herbert A. Sellsted

(Printed name of surviving spouse or registered domestic partner)

101 Rosenbach Ln.

Box 447

(Address of surviving spouse or domestic partner)

Carson

(City)

WA

(State)

98610

(Zip)

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

109945



**First American Title
Insurance Company**

Filed for Record at Request of

Name MT. ADAMS TITLE COMPANY

Address P.O. BOX 735

City and State WHITE SALMON, WA. 98672

BOOK 120 PAGE 390

THIS SPACE PROVIDED FOR RECORDER'S USE

FILED FOR RECORD
BY SKAMANIA CO. TITLE

AUG 28 2 47 PM '90

GARY J. OLSON

Statutory Warranty Deed

THE GRANTOR GAYLE T. RAKESTRAW AND CHARLOTTE A. BLAISDELL, as tenants
with the right of survivorship--
for and in consideration of TEN DOLLARS AND OTHER VALUABLE CONSIDERATION---
in hand paid, conveys and warrants to HERBERT A. SELLESTED AND LOIS C. SELLESTED, husband and wife--
the following described real estate, situated in the County of Skamania, State of Washington:

Lot 11 ROSENWACH'S CONSER, ACCORDING TO THE Plat thereof recorded in Book B,
Page 40, Skamania County Plat Records.

Skamania County Assessor

Date 10-1-09 Parcel# 3-8-21-2-0-2911

REAL ESTATE EXCISE TAX

13836

AUG 28 1990

PAID 278
BY SKAMANIA COUNTY

Recorded
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Glenda J. Kinnear, Skamania County Assessor
By: pc Parcel # 3-8-21-2-2111

Dated August 27, 1990

GAYLE T. RAKESTRAW

Gayle T. Rakestraw

CHARLOTTE A. BLAISDELL

Charlotte A. Blaisdell

STATE OF WASHINGTON

COUNTY OF Klickitat

On this day personally appeared before me

Gayle T. Rakestraw and Charlotte
A. Blaisdell

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

GIVEN under my hand and official seal this
27th day of August, 1990

Glenda J. Kinnear
Notary Public, State of Washington, residing at
White Salmon



STATE OF WASHINGTON

COUNTY OF Klickitat



On this 27th day of August, 1990, before me, the undersigned, a Notary Public in and for the State of Washington, duly com-
missioned and sworn, personally appeared Gayle T. Rakestraw and Charlotte A. Blaisdell

and they acknowledged to me known to be the President and Secretary
respectively of MT. ADAMS TITLE COMPANY, a corporation that executed the foregoing instrument, and acknowledged the said instru-
ment to be the free and voluntary act and deed of said corporation, for the uses and purposes
 therein mentioned, and each stated that they were duly authorized to execute the said instrument and that the seal affixed is the corporate seal of said
 corporation.

Witness my hand and official seal hereto affixed this day and year first above written.

Notary Public in and for the State of Washington, residing at

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 10 D2		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Lois Christine SELLSTED				2. Death Date Feb. 26, 2006	
3. Sex (M/F) Female	4a. Age - Last Birthday 92	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate Sept. 1, 1913	8a. Birthplace (City, Town, or County) Thomas	8b. (State or Foreign Country) Oklahoma	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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 101 Rosenbach 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
14. Estimated length of time at residence. 15 1/2 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Herbert Sellsted	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home	
19. Father's Name (First, Middle, Last, Suffix) Charles Brong				20. Mother's Name Before First Marriage (First, Middle, Last) Edna Swanson	
21. Informant's Name Herbert Sellsted		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 447 Carson, WA 98610		
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) 101 Rosenbach Lane				26a. City, Town, or Location of Death Carson	26b. State WA
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Chris Zada Cemetery		30. Location-City/Town, and State Underwood, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672				32. Date of Disposition March 2, 2006	
33. Funeral Director Signature X 					
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. Long Cancer		Interval between Onset & Death 7 years	
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. _____		Interval between Onset & Death	
		c. _____		Interval between Onset & Death	
		d. _____		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, I have examined the body of the decedent at the time, date, and place stated, and the cause of death is as stated.				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.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Allen LaBerge, MD PO Box 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 1730	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 2-27-2006	
53. Title of Certifier MD		54. License Number MD00033033		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) 3/1/06	
59. Amendments					

DOH 01-003 (5/99)