AFN #2010174744 Recorded 01/20/10 at 03:19 PM DocType: DEATH Filed by: DONA J GROVER Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

Dona Grover
Gen. Del
Carson, Wa
98610

DOCUMENT TITLE(S)

Death Certificate

REAL ESTATE EXCISE TAX
N/A
JAN 20 2010
PAID N/A
SKAMANIA COUNTY TREASURER

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

Fulfillment Deed #100701

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Grover, Charles Robert Sr.

[ ] Additional names on page _____ of document.

GRANTEE(S):

Grover Dona J Grover

[ ] Additional names on page _____ of document.

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

Lot #7 Rosenback Corner Record Book Je Page 40.

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03082120290200

[ ] 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 Charles Robert Grover, Sr

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

Parcel number(s) 03082120290200

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 20th day of January, 2010 at Stevenson, WA
(month) (year) (city) (state)

Dana J Grover
(Signature of surviving spouse or registered domestic partner)

(Printed name of surviving spouse or registered domestic partner)

General Delivery Carson WA 98610
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

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

CERTIFICATION OF VITAL RECORD

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

FOR VETERANS CLAIMS USE ONLY

515664
I.D. TAG NO.

STATE FILE NUMBER

105384

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: Charles	Middle: Delbert	Last: Grover	Suffix	2. Death Date: June 27, 2008
3. Sex: Male	4. Age: 83 years	5. Social Security Number: [redacted]		6. County of Death: Wasco
7. Birthdate: November 11, 1924	8. Birthplace: Fremont, Nebraska			9. Decedent's Education: 9th - 12th grade
10. Was Decedent of Hispanic Origin?: No	11. Decedent's Race(s): White			12. Was Decedent Ever in U.S. Armed Forces?: Yes
13. Residence: Number and Street: 11 Rosenbach Lane, PO Box 812			14. City/Town: Carson	
15. Residence County: Skamania	16. State or Foreign Country: Washington	17. Zip Code + 4: 98610		18. Inside City Limits?: Yes
19. Marital Status at Time of Death: Married	20. Spouse's Name Prior to First Marriage: Dona Klein			
21. Usual Occupation: Brick Layer			22. Kind of Business/Industry: Wood	
23. Father's Name: Ora Delbert Grover Jr.			24. Mother's Name Prior to First Marriage: Joy Marie Acker	
25. Informant's Name: Dona Grover	26. Telephone Number: Not Available	27. Relationship to Decedent: Spouse	28. Mailing Address: 11 Rosenbach Lane, PO Box 812, Carson, WA 98610	
29. Place of Death: Nursing Facility		30. Facility Name: Oregon Veterans' Home		
31. Location of Death: 700 Veterans Dr		32. City/Town of Location of Death: The Dalles	33. State: Oregon	34. Zip Code + 4: 97058
35. Method of Disposition: Cremation	36. Place of Disposition: Win-Quatt Crematory		37. Location: The Dalles, Oregon	
38. Name and Complete Address of Funeral Facility: Spencer, Libby & Powell Funeral Home 1100 Kelly Ave, The Dalles, Oregon 97058				
39. Date of Disposition: July 10, 2008	40. Funeral Director's Signature: Mark E Powell (Electronically Signed)		41. OR License Number: CO-3621	
42. Registrar's Signature: [signature]	43. Date Received: July 18, 2008		44. Local File Number: 163	
45. Amendment				

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No	47. Autopsy? ☐ Yes ☒ No	48. Were autopsy findings available to complete the cause of death? ☐ Yes ☒ No	49. Time of Death: 11:10pm

CAUSE OF DEATH

50. 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.

		Approximate Interval: Onset to Death
Final disease or condition resulting in death →	IMMEDIATE CAUSE ↓ a. UROSEPSIS	
Sequentially list conditions, if any, leading to the cause listed on line a. →	Due to (or as a consequence of) ↓ b.	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	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: Alzheimer's Dementia, CAD, Cardiomyopathy, HYPERTENSION

52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	53. If Female: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death	54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
55. Date of Injury (MM DD YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
		58. Injury at Work? ☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)

60. Describe how injury occurred

61. If transportation injury, specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Peter Peruzzo, 1620 E. 12th Street, The Dalles, OR 97058

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier	65. License Number: 8764	66. Date Signed (MM DD YYYY): 07/15/2008
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. [signature]	68. 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.	

69. Amendment

45-2DP (01/06)

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

DATE ISSUED: JUL 18 2008

Kathi Hall
KATHI HALL
COUNTY REGISTRAR
WASCO COUNTY, OREGON

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

WASCO COUNTY BOARD OF HEALTH 1891 THE DALLES, OREGON