

AFTER RECORDING RETURN TO:

Kenneth Harry Prosser
25 Kelley Road
Glenwood WA 98619

Document Title(s): (or transactions contained therein)

1. Lack of Probate Affidavit
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

- *
☐ Additional numbers on page ____ of document

Grantor(s): (Last name first, then first name and initials)

1. Chase, Edward Ivan
- 2.
- 3.
- 4.
5. ☐ Additional names on page ____ of document

Grantee(s): (Last name first, then first name and initials)

1. Prosser, Kenneth Harry
- 2.
- 3.
- 4.
5. ☐ Additional names on page ____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter

Lots 12, 13, 14, & 15 of the IMAN ROCK CREEK TRACTS, according to the recorded plat thereof recorded in Book A of Plats, Page 118, in the County of Skamania, State of Washington.

TOGETHER WITH that certain 1968 Fleetwood mobile home VIN #S7628 which is currently situated upon the premises.

- ☐ Complete legal description is on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):

03-07-36-2-3-0405-00

REAL ESTATE EXCISE TAX

28492
APR 15 2010

PAID

Victor C. Pelland
SKAMANIA COUNTY TREASURER

**LACK OF PROBATE AFFIDAVIT
STATE OF WASHINGTON
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: 31662

County: Skamania

STATE OF Washington)
COUNTY OF Klickitat)

SS:

Kenneth Harry Prosser (herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is (check one):

- ☐ the lawful surviving spouse of the Decedent
☐ Surviving child of the Decedent
☐ Registered domestic partner of the Decedent
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
☒ other (identify:) **Step-son of Edward Ivan Chase**

All with respect to the estate of **Edward Ivan Chase** (herein "Decedent"), who died on February 3, 2009 , in the County of Skamania, State of Washington, then being a resident of the City of Stevenson, County of Skamania, State of Washington. **(A copy of the death certificate is attached hereto.)**

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and *including all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:*

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship _____
Address: _____
Name & relationship _____
Address: _____ **SEE ATTACHED EXHIBIT "A"** _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in
Skamania County, Washington, and described in the above referenced Title Insurance

Commitment.

As to the Decedent, said real estate was [check one]

- ☐ Community property
☒ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
 - ☒ married to Vivian R. Chase.
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
 - ☐ married to _____.
 - ☒ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____.
3. ☒ That the decedent left a Will, a copy of which is attached hereto.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____
 County recording number _____. (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State
 of _____, under Probate No. _____.
5. ☐ That the estate of the decedent is exempt from State and/or Federal succession or inheritance
 taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of
 \$ _____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☐ That the decedent has not received assistance from the State of Washington for medical care.
☒ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the

Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): n/a

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$74,600.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ n/a and including the value of Decedent's separate property, if any, of approximately \$ n/a, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ n/a.

This affidavit is made to induce SKAMANIA COUNTY TITLE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: FEBRUARY 26, 2010

Kenneth Harry Prosser
(Signature)

Kenneth Harry Prosser

(Print or type Affiant's full name)

25 Kelley Road, Glenwood WA 98619

(Full address and telephone number)

509-364-3377

SUBSCRIBED and SWORN TO before me this 26 day of Feb., 20 10

WENDY HOLTSMANN

Notary Public in and for the State of

Washington, residing at Glenwood WA

My commission expires: 11-19-2010

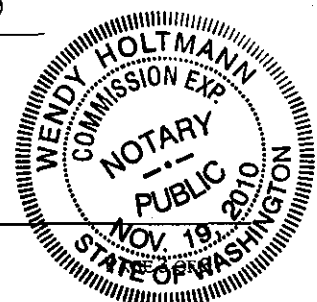


EXHIBIT "A"

Listing of all heirs at law and next of kin of Edward Ivan Chase

Herbert William Prosser, deceased child of Edward Ivan Chase

William Herbert Prosser Jr. -- child of Herbert William Prosser
74905 Washington Lane, Irrigon OR 97844

Miranda Lee Prosser Studer -- child of Herbert William Prosser
74905 Washington Lane, Irrigon OR 97844

Alma Lorene Prosser Jackson -- child of Herbert William Prosser
1606 Bayon Road, Bellingham WA 98225
Phone: 360-303-5281

Valorie Kay Severance -- child of Herbert William Prosser
331 Manite Drive, Mount Vernon WA 98273

Alma Jean Prosser Kuhnhausen -- deceased step-child of Edward Ivan Chase

Shawn Kuhnhausen -- child of Alma Jean Prosser Kuhnhausen
4282 Hwy 89 South #10, Livingston MT 59047
Phone: 406-222-5803 / Email: abby777k@yahoo.com

Robert J. Kuhnhausen -- child of Alma Jean Prosser Kuhnhausen
PO Box 14, Glenwood WA 98619
Phone: 509-364-3343

Cris Kuhnhausen -- child of Alma Jean Prosser Kuhnhausen
572 Pine Court, Creswell OR 97426
Phone: 541-895-2618 / Email: kuhnhausens@yahoo.com

Kenneth Harry Prosser -- step-child of Edward Ivan Chase
25 Kelley Road, Glenwood WA 98619
(509) 364-3377

Betty Lou Chase Trautman -- child of Edward Ivan Chase
716 27th Ave, Missoula MT
1101 S. Ellsworth Road #138, Mesa AZ 85208
(406) 546-4743

LAST WILL AND TESTAMENT

OF

EDWARD IVAN CHASE

KNOW ALL MEN BY THESE PRESENTS, that I, **EDWARD IVAN CHASE**, of Skamania County, Washington, being of sound and disposing mind and not acting under duress, menace, fraud or undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

ARTICLE I.

Identification of Family

I am a widower. My immediate family now consists of my daughter, **ALMA JEAN PROSSER KUHNHAUSEN**, born May 12, 1943, my son, **KENNETH HARRY PROSSER**, born January 21, 1945, and my daughter, **BETTY LOU CHASE TRAUTMAN**, born March 22, 1946.

ARTICLE II.

Deceased Children

I declare that I one deceased child, namely **HERBERT WILLIAM PROSSER**, who died leaving four surviving children namely, **WILLIAM HERBERT PROSSER, JR.** born December 19, 1980, **MIRANDA LEE PROSSER**, born May 28, 1979, **VALORIE KAY SAGER**, born September 3, 1970, and **ALMA LORENE JACKSON PROSSER**, born November 6, 1962.

ARTICLE III.

Personal Representative

I hereby nominate and appoint my son, **KENNETH HARRY PROSSER**, residing at 25 Kelly Road, Glenwood, Washington 98619, Personal Representative under this, my Last Will and Testament, to act without bond. In the event that **KENNETH HARRY PROSSER** is for any reason unable or unwilling to act as Personal Representative hereof, I nominate and appoint my daughter, **ALMA JEAN KUHNHAUSEN**, residing at 110 Lakeside Road, PO Box 14, Glenwood, Washington 98619, to act as alternate Personal Representative hereof, also without bond.

EIC

Initials

Last Will and Testament of Edward Ivan Chase

Page 1 of 5

KIEL PINSKI & WOODRICH

ATTORNEYS AT LAW

40 Cascade Avenue-Suite 110 * P.O. Box 510

Stevenson, Washington 98648

Telephone: (509) 427-5665

Fax: (509) 427-7618

ARTICLE IV.

Burial

I direct that my body be immediately cremated and given proper burial in Iman Cemetery located in Stevenson, Washington, but without unnecessary ostentation or expense.

ARTICLE V.

Nonintervention of Court

I direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my Personal Representative settle my estate in such manner as shall seem best and most convenient to him, and I hereby empower my Personal Representative to mortgage, lease, sell, exchange and convey the personal and real property of my estate without an order of court for that purpose and without notice, approval or confirmation, and in all other respects to administer and settle my estate without the intervention of court.

ARTICLE VI.

Claims Against Estate

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my Personal Representative as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

ARTICLE VII.

Taxes

I direct that all estate, succession, legacy, inheritance or other transfer taxes, however designated, that shall become payable by reason of my death, whether attributable to property passing under this Will or outside of it, shall be paid out of the residue of my estate, with no right of reimbursement from the recipient of any property which does not pass thereunder, it being my intent that such taxes be treated as an expense of administration of my estate.

ARTICLE VIII.

Distribution

I give, devise and bequeath the rest of my estate remaining after payment of all claims, expenses, and other liabilities of my estate as follows:

ETC

Initials

Last Will and Testament of Edward Ivan Chase

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ATTORNEYS AT LAW
40 Cascade Avenue-Suite 110 * P.O. Box 510
Stevenson, Washington 98648
Telephone: (509) 427-5665
Fax: (509) 427-7618

A. I make no bequest, gift or devise to any person or institution, or to any child or children hereafter born to or adopted by me, except as herein stated.

B. I may leave a list, signed by me or in my handwriting, in which I dispose of some or all of my tangible personal property. My Personal Representative shall carry out the provisions of the list. I give any insurance policy on property contained in the list to the person named to receive such property. If a person named in the list to receive property dies before me, the property will be disposed of under this Will unless I have made an alternate disposition.

C. I direct that my real property which includes my residence and the real property located at 522 Iman Cemetery Road, Stevenson, Washington, 98648, described as Lots 12, 13, 14 & 15 Iman Rock Creek Tracts in Section 36, Township 3, Range 7 E.W.M., according to the official Plat thereof, on Page 118, Book A of Plats, on file and record in the office of the Auditor of Skamania County, Washington, tax parcel number 03-07-36-2-3-0405-00 shall be placed on the market and sold at fair market value and that the proceeds from the sale of my residence and real property is divided between my children, in equal shares, by right of representation.

D. PROVIDED THAT if a child or grandchild of mine desires to reside in or purchase my residence and real property, the child or grandchild of mine that resides in or purchases my residence and real property shall purchase said residence and real property at fair market value, as determined by a qualified appraiser selected by my personal representative. The child or grandchild that resides in or purchases my residence and real property may reduce the amount of the payment of the fair market value of my residence and real property by the amount of their respective share of the fair market value of my residence and real property and allocate their share towards purchase, PROVIDED THAT each child shall receive an equal share of the fair market value of my residence and real property.

D. I give, devise and bequeath all of the rest, residue and remainder of my estate, whether real or personal, and wheresoever situated, to my children, **ALMA JEAN PROSSER KUHNHAUSEN, KENNETH HARRY PROSSER, BETTY LOU CHASE TRAUTMAN, and HERBERT WILLIAM PROSSER**, by right of representation, in equal shares.

The share which **HERBERT WILLIAM PROSSER** would otherwise have taken under this Will shall be divided equally between his four surviving children namely, **WILLIAM HERBERT PROSSER, JR., MIRANDA LEE PROSSER, VALORIE KAY SAGER, and ALMA LORENE JACKSON PROSSER**, by right of representation, in equal shares.

ARTICLE IX. **Residue Defined**

The residue of my estate, as that term is used in this Will, shall mean all of the property

Etc

Initials

Last Will and Testament of Edward Ivan Chase
Page 3 of 5

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which I may own at the time of my death and which remains after all legacies and devises have been satisfied and after payment of all claims, expenses, and other liabilities of my estate, other than estate, inheritance and succession taxes, and shall include all property of whatever nature and wherever situated, including all gifts made by this Will which fail for any reason.

ARTICLE X.

Use of Pronouns

Unless some other meaning or intent is apparent from the context, masculine, feminine, neuter, singular and plural pronouns are used interchangeably herein.

ARTICLE XI.

Revocation of Former Wills

I hereby revoke any and all former Wills by me made and declare this my Last Will and Testament.

IN WITNESS WHEREOF, I have hereto set my hand this 5th day of March, 2002.

Edward Ivan Chase
EDWARD IVAN CHASE

STATE OF WASHINGTON)
) ss.
County of Skamania)

The undersigned attesting witnesses, being duly sworn, on oath, depose and state:

1. **DECLARATIONS:** Immediately prior to the execution of the attached document dated March 5th, 2002, the Testator, EDWARD IVAN CHASE declared it to be his Last Will and Testament and requested the undersigned witnesses to subscribe their names to it.
2. **SIGNATURE, ATTESTATION AND SUBSCRIPTION:** This instrument, consisting of 5 pages, was on the date thereof subscribed by EDWARD IVAN CHASE, the Testator named in the foregoing Will, at the bottom of each page and at the end of said Will in the presence of us and each of us, and at the time of making such subscription the above instrument was declared by the above Testator to be his Last Will and Testament, and each of us, at the request of said Testator and in his presence and in the presence of each other, have hereto signed our names at the

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Initials

Last Will and Testament of Edward Ivan Chase

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end thereof as witnesses to said Will.

3. **COMPETENCY:** Each of the undersigned witnesses, for himself, states that he is competent and of legal age, and that the other subscribing witness and the Testator appeared to be of legal age, competent and of sound mind, and the Testator further appeared to be able fully to dispose of his estate and to be acting of his own free will and without duress.

The Testator requested that this affidavit in proof of his attached Will be made by the undersigned subscribing witnesses thereto.

Witness: [Signature]

Name: KENNETH B. WOODRICH

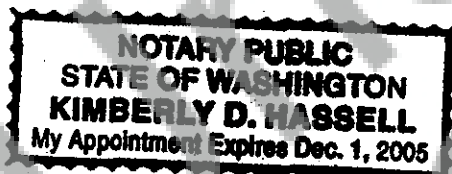
Residing at: Hops River, OR

Witness: [Signature]

Name: KATY JANE ARCHER

Residing at: WHITE SALMON, WA

SIGNED AND SWORN TO before me this 5th day of March, 2002 by Katy J. Archer and Kenneth B. Woodrich.



[Signature]
Notary Public in and for
the State of Washington

Commission expires: 12/01/05

EIC

Initials

Last Will and Testament of Edward Ivan Chase

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D2 47		Washington State Certificate of Death		State File Number 9 46683	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Edward Ivan Chase			2. Death Date 02-03-2009		
3. Sex (M/F) M	4a. Age - Last Birthday 90	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 375-18-5279	6. County of Death Skamania
7. Birthdate 09-05-1918		8a. Birthplace (City, Town, or County) Walkerville		8b. (State or Foreign Country) MI	
9. Decedent's Education 8th Grade or Less			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 5 th St.) (Include Apt. No.) 522 Inan Cemetery Road			13b. City or Town Stevenson		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA		13f. Zip Code + 4 98648
13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. 20 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mill Worker			18. Kind of Business/Industry (Do not use Company Name) Plywood Mill		
19. Father's Name (First, Middle, Last, Suffix) Warren, Herbert Chase			20. Mother's Name Before First Marriage (First, Middle, Last) Nellie - Kulman		
21. Informant's Name Kenneth Prosser		22. Relationship to Decedent Step Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 25 Kelley Road, Glenwood, WA 98619	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence			25. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) 522 Inan Cemetery Road			26a. City, Town, or Location of Death Stevenson		26b. State WA
27. Zip Code 98619		28. Method of Disposition Cremation			
29. Place of Final Disposition (Name of cemetery, crematory, other place) Cascade Cremation Center			30. Location-City/Town, and State Tualatin, OR		
31. Name and Complete Address of Funeral Facility Autumn Funerals & Cremations, 12639 SW Winterview Drive, Tigard, OR 97224			32. Date of Disposition 02-09-2009		
33. Funeral Director Signature X Rosemary L. Meier					
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. CARDIAC ARREST Due to (or as a consequence of): IMMEDIATE 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 Due to (or as a consequence of): Interval between Onset & Death Due to (or as a consequence of): Interval between Onset & Death Due to (or as a consequence of): Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above N/A			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? N/A <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"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY) N/A	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, death occurred at the time, date, and place and due to the cause(s) and manner stated. X			48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, 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) Dr. Christopher Adams, 70 BOX 790, STEVENSON WA 98648			50. Hour of Death (24hrs) 0837		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) 2-11-09		
53. Title of Certifier DEPUTY CORONER		54. License Number WSDA #24720		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X			58. Date Received (MM/DD/YYYY) 02/11/2009		
59. Amendments					

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

48

LOCAL FILE NUMBER

Washington State Department of Health CERTIFICATE OF DEATH

146 0 42690

STATE FILE NUMBER

OFFICE USE ONLY 1. DISTRICT D-2		1. NAME First Middle Last Vivian Rose Chase		2. SEX (M / F) F	3. DEATH DATE (Mo, Day, Yr) 12/25/ 2000
		4. AGE LAST BIRTHDAY (Yrs) 76	5. UNDER 1 YEAR MOS DAYS HOURS MINS MOS	6. BIRTHDATE (Mo, Day, Yr) 03-30-1924	8. BIRTHPLACE (City, State or Foreign Country) Muskegon, MI
3. HOSPITAL		11. CITY, TOWN OR LOCATION OF DEATH Stevenson		12. PLACE OF DEATH — IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RMOUT PTN 4. HOSP. 5. NURS HOME 6. OTHER PLACE 522 Iman Cemetery Road	
4. OCCURRENCE		13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
5. RESIDENCE		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Edward Chase	
6. TRACT		16. SOCIAL SECURITY NO. 366-26-9526		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8	
7. OCCUPATION		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Cook		19. KIND OF BUSINESS OR INDUSTRY Restaurant Business	
8.		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
9.		22. RESIDENCE — NUMBER AND STREET 522 Iman Cemetery Road		23. CITY/TOWN OR LOCATION Stevenson	
10.		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skamania	
11.		26. STATE WA		27. ZIP CODE 98648	
12.		28. FATHER'S NAME — FIRST, MIDDLE, LAST Charles Baxter		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Gladys Straite	
13.		30. INFORMANT — NAME Edward Chase		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 522 Iman Cemetery Road Stevenson WA 98648	
14.		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) cremation		33. DATE (Mo, Day, Yr) 12-26-00	
15.		34. CEMETERY/CREMATORY — NAME Oregon Crematory		35. LOCATION — CITY/TOWN, STATE Portland, Oregon	
16.		36. FUNERAL DIRECTOR SIGNATURE <i>Sharon Hammie</i>		37. NAME OF FACILITY Autumn Funerals & Cremations	
17.		38. ADDRESS OF FACILITY 12639 SW Winterview Drive Tigard, Oregon 97224			
18.		39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>		40. DATE SIGNED (Mo., Day, Yr) 12/27/00	
19.		41. HOUR OF DEATH (24 Hrs.) 0700		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
20.		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>		44. DATE SIGNED (Mo., Day, Yr)	
21.		45. HOUR OF DEATH (24 Hrs.)		46. PRONOUNCED DEAD (Mo., Day, Yr)	
22.		47. HOUR PRONOUNCED DEAD (24 Hrs.)		48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Gregory D. Zuck 875 Rock Creek Drive, Stevenson, WA	
23.		49. ME/CORONER FILE NUMBER		50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) Cerebrovascular accident DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. DUE TO, OR AS A CONSEQUENCE OF: B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF:	
24.		51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:		52. AUTOPSY? (Yes / No) No	
		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No			
		54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)	
		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
		58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	
		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. SIGNATURE OF REGISTRAR <i>Stewart, m</i>	
		63. DATE RECEIVED (Mo., Day, Yr) 12/27/00			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



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DOH 01-003 (6/99)