

**WHEN RECORDED RETURN TO:**

Anita Buckley

1120 State Rd.

Mosier, Or. 97040

**DOCUMENT TITLE(S)**

Death Certificate

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

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

James Gannon

**REAL ESTATE EXCISE TAX**

N/A

☐ Additional names on page \_\_\_\_\_ of document.

JAN 10 2011

**GRANTEE(S):**

Anita Gannon

PAID

N/A

Vivian Chelland, Deputy  
SKAMANIA COUNTY TREASURER

☐ Additional names on page \_\_\_\_\_ of document.

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

Lot 61 Government Mineral Springs Homestead  
Sec 31, T. 5N, R. 7E W.M. Skamania County

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

96001061000000

Skamania County Assessor  
Date 1-10-11 Parcel 96-001061

☐ 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 James Gannon

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

Parcel number(s) 96001061000000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 10 day of January, 2011 at Stevenson, WA.  
(month) (year) (city) (state)

Anita Gannon  
(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.*

## CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA  
Certified Copy of Vital Record

AKA		ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH		DEATH NO. D 102-	
1 NAME OF DECEASED		A. FIRST JAMES		B. MIDDLE LELAND		C. LAST GANNON	
2 SEX MALE		3 DATE OF DEATH MARCH 21, 2003		4 MONTH DAY YEAR			
5 RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE		6 WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO) NO		7 IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES	
9 PLACE OF DEATH YUMA		10 A. COUNTY YUMA		11 B. TOWN OR CITY YUMA		12 C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) YUMA REGIONAL MEDICAL CENTER	
13 DATE OF BIRTH FEBRUARY 5, 1942		14 AGE (YEARS LAST BIRTHDAY) 61		15 IF UNDER 1 YEAR MOS. DAYS HRS. MIN.		16 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	
17 STATE AND CITY OF BIRTH CALIFORNIA, FRESNO		18 CITIZEN OF WHAT COUNTRY? U. S. A.		19 SOCIAL SECURITY NO.		20 SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) ANITA COLLEEN BYRD	
21 USUAL RESIDENCE OREGON		22 A. STATE WASCO		23 B. COUNTY MOSTER		24 D. ZIP CODE 97040	
25 STREET ADDRESS OF R.F.D.		26 INSIDE CITY LIMITS? (SPECIFY YES OR NO) NO		27 ON RESERVATION (SPECIFY YES OR NO) NO		28 PREVIOUS STATE OF RESIDENCE	
29 1120 STATE ROAD		30 15E NO		31 15G NO		32 HOW LONG IN ARIZONA? 2 MONTHS	
33 FATHER'S NAME JAMES OLIN GANNON		34 MOTHER'S MAIDEN NAME AUDREY LEA WILLIAMS		35 A. FIRST B. MIDDLE C. LAST		36 EDUCATION HIGHEST GRADE COMPLETED 12	
37 ANITA COLLEEN GANNON		38 WIFE		39 1120 STATE ROAD MOSTER, OREGON 97040		40 ZIP CODE	
41 REM/ CREM		42 DATE 3-25-03		43 CEMETERY OR CREMATION - NAME AND LOCATION WIN-DATT CREMATORY THE DALLES, OREGON		44 ENGINEER'S SIGNATURE FRANK A. ACUNA	
45 KAMMANN MORTUARY 795 W. 28th STREET YUMA, ARIZONA 85364		46 DATE 3-25-03		47 THE DALLES, OREGON		48 CERT. NO. 814	
49 SIGNATURE AND TITLE ANTHIA L. KOEHLER, M.D. 2400 S. AVE A YUMA, AZ		50 DATE SIGNED (Mo., Day, Year) 3/28/03		51 HOUR OF DEATH 15:32		52 PRONOUNCED DEAD (Hour) 15:32	
53 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) Acute myocardial infarct		54 DATE REGISTERED 3/28/03		55 REG. FILE NO. 322		56 AUTHORIZED FOR CREMATION (Specify Yes or No) Yes	
57 IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Acute myocardial infarct		58 DATE REC'D IN STATE OFFICE 4/8/03		59 MEDICAL EXAMINER'S SIGNATURE David Brooks		60 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH years	
61 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		62 AUTOPSY (Specify Yes or No) No		63 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes			
64 MANNER OF DEATH NATURAL CAUSES		65 DATE OF INJURY MO. DAY YR. HOUR		66 INJURY AT WORK? (Specify Yes or No)		67 DESCRIBE HOW INJURY OCCURRED	
68 PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		69 WHERE LOCATED?		70 STREET ADDRESS		71 CITY OR TOWN	
72 SUPPLEMENTARY ENTRIES		73 DATE ISSUED MAR 31 2003		74 COUNTY REGISTRAR DAVID BROOKS		75	

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

DAVID BROOKS, Director  
County Registrar

This copy not valid unless prepared on engraved form displaying county seal and impressed with raised seal of issuing agency.