

AFTER RECORDING RETURN TO:

Curt Simmons
PO Box 232
White Salmon WA 98672

Sec 32110

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

1. Death Certificate
- 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. Graham, Alma Marie
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

REAL ESTATE EXCISE TAX

28923
JAN 19 2011

PAID Alma Marie
Vickie Chelland Scott
SKAMANIA COUNTY TREASURER

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

1. The Public
- 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)

Sec 17, T3N, R8E

Complete legal description is on page 3 of document

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

03-08-17-3-0-0800-0000

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2009-1058		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Alma Marie GRAHAM				2. Death Date Dec. 23, 2009		
3. Sex (M/F) Female	4a. Age - Last Birthday 94	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 28, 1915		8a. Birthplace (City, Town, or County) Carson	8b. (State or Foreign Country) Washington		9. Decedent's Education Unknown	
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.) 201 Fuller Rd.				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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 41 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)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Henry Fuller			20. Mother's Name Before First Marriage (First, Middle, Last) Jessie Iman			
21. Informant's Name Bev Simmons		22. Relationship to Decedent Niece		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 1974 White Salmon, WA 98672		
24. Place of Death, if Death Occurred in a Hospital: Inpatient - Hospital				24. 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 Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Old Carson Cemetery			30. Location-City/Town, and State Carson, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672					32. Date of Disposition Jan. 2, 2010	
33. Funeral Director Signature <i>[Signature]</i>						
Cause of Death (See Instructions and examples)						
34. Enter the <u>chain of events</u> - 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. Congestive Heart Failure				Interval between Onset & Death many 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. Atherosclerotic				Due to (or as a consequence of): Interval between Onset & Death 7-10 yrs
		c.				Due to (or as a consequence of): Interval between Onset & Death
		d.				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				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 checked="" type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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.						
46. Describe how injury occurred		City or Town: County: State: Zip Code + 4:		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.				48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, 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) R. Allen LaBerge PO Box 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 1900		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 12-30-09		
53. Title of Certifier MD		54. License Number M00003323		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) DEC 31 2009		
59. Amendments						



EXHIBIT 'A'

A tract of land located in the South Half of the Northeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East, of the Willamette Meridian, described as follows:

Beginning at the Northwest Corner of the South Half of the Northeast Quarter of the Southwest Quarter of said Section 17; Thence East 208 feet; Thence 25 feet to the initial point of the tract hereby described; Thence East 65 feet; Thence South 183 feet; Thence West 64 feet; Thence North 183 feet to the initial point.

Skamania County Assessor
Date 1-19-11 Parcel# 3-8-17-3-800

(Signature)

Unofficial Copy