

**WHEN RECORDED RETURN TO:**

Anna M. Yohe  
PO Box 213  
N.B., WA 98639

**REAL ESTATE EXCISE TAX**  
29410  
FEB -7 2012  
PAID *exempt*  
*Vickie Chelland, Deputy*  
SKAMANIA COUNTY TREASURER

**DOCUMENT TITLE(S)**  
Death Certificate

**REFERENCE NUMBER(S)** of Documents assigned or released:  
C.P.A. AF 2012 179845 1-17-12

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

**GRANTOR(S):**  
James Yohe

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

**GRANTEE(S):**  
Anna M. Yohe

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

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

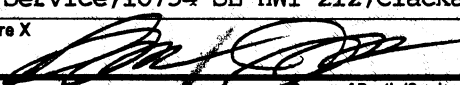
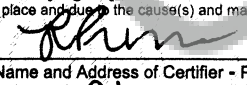

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**  
02-07-29-2-2-1700-00 jwl

☐ 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.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>James Harold Yohe Jr.</b>				2. Death Date <b>Jan. 19, 2012</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>82</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skamania</b>
7. Birthdate <b>Feb. 11, 1929</b>		8a. Birthplace (City, Town, or County) <b>Monessen</b>		8b. (State or Foreign Country) <b>Pennsylvania</b>	
9. Decedent's Education <b>Bachelor's Degree</b>					
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1017 Chenoweth Drive</b>				13b. City or Town <b>North Bonneville</b>	
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable) <b>-</b>		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98639</b>
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. <b>33 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Anna Dunn</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Engineer</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Construction</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>James Harold Yohe Sr.</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Beatrice Sole</b>		
21. Informant's Name <b>Anna Yohe</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1017 Chenoweth Drive, N. Bonneville, WA 98639</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence-Hospice</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence-Hospice</b>		
25. Facility Name (If not a facility, give number & street or location) <b>1017 Chenoweth Drive</b>			26a. City, Town, or Location of Death <b>North Bonneville</b>		26b. State <b>WA</b>
27. Zip Code <b>98639</b>					
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Farnstrom Cremation Center</b>		30. Location-City/Town, and State <b>Keizer, Oregon</b>	
31. Name and Complete Address of Funeral Facility <b>Care Cremation Service, 10754 SE HWY 212, Clackamas, OR 97015</b>				32. Date of Disposition <b>January 27, 2012</b>	
33. Funeral Director Signature X 					
34. Cause of Death (See instructions and examples) 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. <b>Ischemic gastroesophageal junction adenocarcinoma ~1 month</b> 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 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 <b>NONE</b>			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) <b>1/24/2012</b>		42. Hour of Injury (24hrs) <b>0520</b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>77239</b>	
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, in my opinion, death occurred 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) <b>Renee Prins mailcode L5B6 3181 State Park Rd</b>			50. Hour of Death (24hrs) <b>0520</b>		
51. Name and Title of Attending Physician (If other than Certifier (Type or Print)) <b>M.D.</b>			52. Date Signed (MM/DD/YYYY) <b>1/24/2012</b>		
53. Title of Certifier <b>M.D.</b>		54. License Number <b>MD2907</b>		55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X 			58. Date Received (MM/DD/YYYY) <b>1-26-2012</b>		
59. Amendments					



87640

Ex A

BOOK 75 PAGE 719



**First American Title Insurance Company**

Filed for Record at Request of

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_



REGISTERED	6
INDEXED-DTA	6
INDIRECT	6
RECORDED	6
COMPARED	6
MAILED	11/22/78

THIS SPACE RESERVED FOR RECORDER'S USE:  
STATE OF WASHINGTON } 50  
COUNTY OF SKAMANIA }

I HEREBY CERTIFY THAT THE WITHIN INSTRUMENT OF WRITING FILED BY \_\_\_\_\_  
OF \_\_\_\_\_  
AT 3:15 PM 11-21-1978  
WAS RECORDED IN BOOK 75  
OF Deed AT PAGE 719  
SCORING OF SKAMANIA COUNTY, WASH.  
H.P. Todd  
COUNTY AUDITOR  
E. M. J. J.

**Statutory Warranty Deed 87640**

Conveying in compliance with County sub-division ordinance. By Skamania County Assessor.

THE GRANTOR S, ROBERT GIFFORD and OPAL GIFFORD, husband and wife,  
for and in consideration of Ten Dollars and Other Good and Valuable Consideration,  
in hand paid, conveys and warrants to JAMES H. YOHE and THERESE A. YOHE, husband and wife,  
the following described real estate, situated in the County of Skamania, State of Washington: Lot 17, Block 10, THIRD ADDITION TO THE PLATS OF RELOCATED NORTH BONNEVILLE BLOCK 10, recorded in Book B of Plats, Pages 34 and 35, under Skamania County File No. 85402, records of Skamania County, Washington.  
SUBJECT to condition, together with the terms and provisions thereof, contained in deed dated May 8, 1978, recorded August 30, 1978, under Skamania County Auditor's File No. 87128 in Book 75, of Deeds at Page 329, records of Skamania County, Washington, reference to which condition is made hereby.

SUBJECT TO Deed of Trust, including the terms and provisions thereof, granted by Robert Gifford and Opal Gifford, husband and wife, as borrower, to Trans-america Title Company, as Trustee, for Riverview Savings Association, a corporation, as beneficiary, dated October 4, 1978, recorded October 5, 1978 in Book 55, Page 863, Skamania County Mortgage records, given to secure the payment of \$38,000.00, which deed of trust the grantee herein hereby assumes and agrees to pay according to the terms of said deed of trust.



Skamania County Assessor  
Date 2-7-12 Parcel 2-7-29-22-1  
Jm

Dated this 6th day of November, 1978

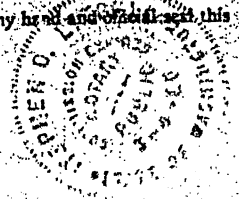
STATE OF WASHINGTON, }  
County of Skamania }



Robert Gifford (SEAL)  
Opal Gifford (SEAL)

On this day personally appeared before me Robert Gifford and Opal Gifford  
to me known to be the individual s described in and who executed the within and foregoing instrument, 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 6th day of November, 1978



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