

**WHEN RECORDED RETURN TO:**  
Rodney M Warren  
201 Canyon Cr. RD  
Washougal WA. 98671

**DOCUMENT TITLE(S)**  
Certificate of Death / Remove life estate

**REFERENCE NUMBER(S)** of Documents assigned or released: **REAL ESTATE EXCISE TAX**  
29464  
MAR 27 2012

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

**GRANTOR(S):**  
Winifred Marie Warren  
PAID, exempt  
Vicki Gilliland  
SKAMANIA COUNTY TREASURER

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

**GRANTEE(S):**  
Rodney M Warren

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

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):  
Sec 10 T1N, R5E

☐ Complete legal on page 3 of document.

**TAX PARCEL NUMBER(S):**  
01-05-10-0-0-0200-00  
0200-06 LM  
3-27-12

☐ 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

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First Middle Last Winifred Marie WARREN										2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) May 31, 1998											
4. AGE LAST BIRTHDAY (Yrs) 87		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 9/24/1910		8. BIRTHPLACE (City, State or Foreign Country) IN		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Clark											
11. CITY, TOWN OR LOCATION OF DEATH Camas						12. PLACE OF DEATH— <del>BY</del> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input checked="" type="checkbox"/> OTHER PLACE Mountainview House						13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes											
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed				15. SURVIVING SPOUSE (If wife, give maiden name)				16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) unknown													
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker				19. KIND OF BUSINESS OR INDUSTRY Own Home				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No				21. RACE (Specify) White											
22. RESIDENCE—NUMBER AND STREET 201 Canyon Creek Rd.				23. CITY/TOWN OR LOCATION Washougal		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania		25B. LENGTH OF RES. IN CO. 60 yrs		26. STATE WA		27. ZIP CODE 98671									
28. FATHER'S NAME—FIRST, MIDDLE, LAST John L. DeGroote								29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Okile - Claey's															
30. INFORMANT—NAME Rod Warren				31. MAILING ADDRESS 201 Canyon Creek Road Washougal, WA 98671																			
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 6/2/1998		34. CEMETERY/CREMATORY—NAME Washougal Memorial Cemetery						35. LOCATION—CITY/TOWN, STATE Washougal, WA													
36. FUNERAL DIRECTOR SIGNATURE X <i>C.M. Sienicki</i>				37. NAME OF FACILITY STRAUB'S FUNERAL HOME				38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, WA 908607															
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN										TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER													
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 X <i>Gregory Scribner MD</i>										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 X													
40. DATE SIGNED (Mo., Day, Yr) 6-1-98				41. HOUR OF DEATH (24 Hrs.) 1915		44. DATE SIGNED (Mo., Day, Yr)				45. HOUR OF DEATH (24 Hrs.)													
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)										46. PRONOUNCED DEAD (Mo., Day, Yr)				47. HOUR PRONOUNCED DEAD (24 Hrs.)									
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Gregory Scribner, MD 411 NE 6th Ave. Camas, WA 98607										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).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <i>Ruptured Abdominal Aortic Aneurysm</i>										INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>											
		B. DUE TO, OR AS A CONSEQUENCE OF:										INTERVAL BETWEEN ONSET AND DEATH											
		C. DUE TO, OR AS A CONSEQUENCE OF:										INTERVAL BETWEEN ONSET AND DEATH											
		D. DUE TO, OR AS A CONSEQUENCE OF:										INTERVAL BETWEEN ONSET AND DEATH											
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN 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. REGISTRAR SIGNATURE <i>Steingart, mal</i>				63. DATE RECEIVED (Mo., Day, Yr.) JUN 1 1998			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)  
A  
DOH 01-003 (8/96)



EXHIBIT "A"

A tract of land in the Northwest Quarter of the Northeast Quarter of Section 10, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

That portion of the Northwest Quarter of the Northeast Quarter of said Section 10, lying and being North of the following line;

Commencing at the intersection of the center line of said Section 10 with the center line of the road known as "Warren-McPherson Road"; thence easterly along the center line of said road to intersection with the center line of the Old State Highway 8; thence continuing easterly along the center line of said Old State Highway No. 8 to intersection with the east line of the Northwest Quarter of Section 10 aforesaid.

EXCEPT that portion conveyed to United States of America recorded April 23, 1975 in Book 68, Page 741.

ALSO EXCEPT all that portion lying Southerly of the Northerly line of Krogstad Road.

Skamania County Assessor  
Date 3-27-12 Parcel# 1-5-10-0-0-200  
JW 20006

Unofficial  
Copy