

AFTER RECORDING MAIL TO:

Name John Gittins
Address PO Box 338
City/State Carson, WA 98610
512-0179

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

- 1. CERTIFICATE OF DEATH
- 2. *Community Property Agreement*
- 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. GITTINS, RUTH LOUISE
- 2.
- 3.
- 4.
- 5. ☐ Additional names on page _____ of document

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

- 1. JOHN V. GITTINS, A SINGLE MAN
- 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)

NW ¼ SE ¼ SEC 17 T3N R8E

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-17-4-0-0901-00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



First American Title Insurance Company

(this space for title company use only)

REAL ESTATE EXCISE TAX
29756
OCT 18 2012
PAID *exempt*
Vickie Chelland
SKAMANIA COUNTY, TREASURER

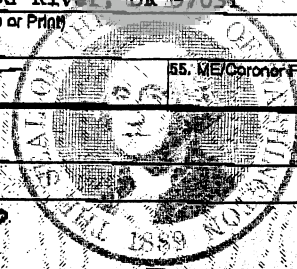
STATE OF WASHINGTON DEPARTMENT OF HEALTH

DEC-21-2010 TUE 02:33 PM CHS CORRECTIONS

FAX NO. 360 586 6027

P. 01/01

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix		2. Death Date				2010 64965	
Ruth Louise GITTINS		Aug. 15, 2010					
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	8. County of Death		
Female	58	Months	Days		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
April 4, 1952	White Salmon	Washington		Associate Degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		No	
13a. Residence: Number and Street (e.g., 524 SE 5 th St.) (Include Apt. No.)					13b. City or Town		
1812 Metzger Road					Carson		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98610	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
32 Years		Married		John Valoy Gittins			
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED).)				18. Kind of Business/Industry (Do not use Company Name)			
Budget Analyst				U.S. Forest Service			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Clifford McNair Dillingham				Lillian Gray Bradford			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town State Zip	
John Gittins		Husband		PO Box 338 Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (if not a facility, give number & street or location)			
				1812 Metzger Road			
26a. City, Town, or Location of Death				26b. State		27. Zip Code	
Carson				WA		98610	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Columbia River Crematory		White Salmon, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Gardner Funeral Home 1270 N. Main Ave/POB 390 White Salmon, WA 98672						8-19-10	
33. Funeral Director Signature <i>[Signature]</i>							
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. <i>Metastatic Cholangiocarcinoma</i> Interval between Onset & Death <i>17 months</i>							
Due to (or as a consequence of):							
b. <i>Sequitally 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</i>							
Due to (or as a consequence of):							
c. <i></i>							
Due to (or as a consequence of):							
d. <i></i>							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
<i></i>							
36. Autopsy?				37. Were autopsy findings available to complete the Cause of Death?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death		39. If Female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street:				Apt. No.			
City or Town:				County:		State:	
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 the cause(s) and manner stated.				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 <i>[Signature]</i>				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
James Pennington 1021 June st. Hood River, OR 97031				1020			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				8/18/10			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
MD		17665				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)			
<i>[Signature]</i>				8/26/2010			
59. Appendix							
75 DA 66737-12-16-2010 GKM							



DCH/CHS 003 Rev 07/09/07

DCH-01-003 (5/99)

EXHIBIT A

A tract of land in the Northwest quarter of the Southeast quarter of Section 17, Township 3 North, Range 8 East in the Willamette Meridian, County of Skamania and State of Washington, more particularly described as follows:

Beginning at the center of said Section 17; thence South $89^{\circ}55'$ East, a distance of 30 feet; thence South, a distance of 608 feet to the point of beginning; thence South $89^{\circ}55'$ East, a distance of 208 feet; thence South, a distance of 188 feet; thence North $89^{\circ}55'$ West, a distance of 208 feet; thence North, a distance of 188 feet to the point of beginning.

Skamania County Assessor

Date 10-18-12 Parcel# 3-8-17-4-0-901

ym

Unofficial
Copy