

WHEN RECORDED RETURN TO:
Linda Isaacson
214 E 7th PL
The Dalles, OR
97058

REAL ESTATE EXCISE TAX
29843
DEC - 6 2012
PAID Exempt
Nicky Chelland, Deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)
Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:
Reinoving life Estate for Anna Margaret Baxter
AFN # 201280379 4-20-12, Excise # 29474, 4-2-12
☐ Additional numbers on page _____ of document.

GRANTOR(S):
Anna Margaret Baxter
☐ Additional names on page _____ of document.

GRANTEE(S):
Kevin Lee Liegler
☐ Additional names on page _____ of document.

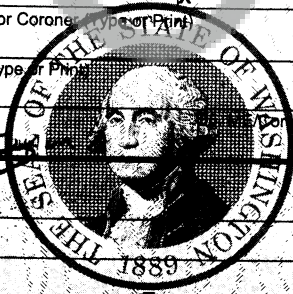
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
Sec 26, T 24, R 6 E
☐ Complete legal on page 3 of document.

TAX PARCEL NUMBER(S):
0206264013 0000 LM
☐ 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

Local File Number				Washington State Certificate of Death				State File Number					
1. Legal Name (Include AKA's if any) First Middle LAST				2. Death Date									
Anna Margaret BAXTER				April 19, 2012									
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number				6. County of Death					
Female	90	Months Days	Hours Minutes					Skamania					
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education								
May 5, 1921	Irwin		Iowa		8th Grade								
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					
No				White									
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)								13b. City or Town					
102 Little Rd.								Stevenson					
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
Skamania				Washington		98648							
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)					
45 Years				Widowed									
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)					
Cook								Restaurant					
19. Father's Name (First, Middle, Last, Suffix)								20. Mother's Name Before First Marriage (First, Middle, Last)					
Christian Anton Jensen								Emma Elida Johnson					
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip									
Linda Isaacson		Daughter		214 E. 7th Place The Dalles, OR 97058									
24. Place of Death, if Death Occurred in a Hospital:								24. Place of Death, if Death Occurred Somewhere Other than a Hospital:					
								Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location)								26a. City, Town, or Location of Death		26b. State		27. Zip Code	
102 Little Rd.								Stevenson		WA		98648	
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								April 26, 2012					
33. Funeral Director Signature													
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) → <u>congestive heart failure</u> Interval between Onset & Death <u>months</u>													
Due to (or as a consequence of): <u>coronary artery disease</u> Interval between Onset & Death <u>years</u>													
Due to (or as a consequence of): <u></u> Interval between Onset & Death <u></u>													
Due to (or as a consequence of): <u></u> Interval between Onset & Death <u></u>													
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 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 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 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 checked="" 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.								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.					
49. Name and Address of Certifier Physician, Medical Examiner or Coroner (Type or Print)								50. Hour of Death (24hrs)					
Chris Samuels MD								2355					
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (MM/DD/YYYY)					
Greg Zuck, MD								4-24-2012					
53. Title of Certifier		54. License Number		Coroner File Number				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Family Physician		WA 4752											
57. Registrar Signature								58. Date Received (MM/DD/YYYY)					
59. Amendments													





Affidavit for Correction

Center for Health Statistics
PO. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.
All changes must be established by documentary proof submitted with the affidavit
Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

APR 26 2012

Alan Melnick
Health Officer
Skamania Co. Public Health
0000109750

EXHIBIT "A"

LEGAL DESCRIPTION FOR 02-06-26-4-0-1300-0

A tract of land located in the Southeast ¼ of Section 26, township 2 North, Range 6 East of the Willamette Meridian, described as follows:

Beginning at a point 967.27 feet north and 205.75 feet east of the southwest corner of the Southeast ¼ of the Southeast ¼ , of said section 26; thence North 70°40' East 100' to the initial point of beginning, said point being on the northerly right of way line of the County road known and designated as Little Street; thence North 19° 20' West 240'; thence South 70° 40' West 100'; thence South 19° 20' East 240'; thence North 70° 40' East 100 feet to the point of beginning.

Skamania County Assessor

Date 12-16-12 Parcel 2-6-28-4-0-1300

gm

~~Skamania County Assessor~~

Date 4-2-12 Parcel 2-6-26-4-0-1300

~~*gm*~~

Unofficial Copy