WHEN RECORDED RETURN TO:

JANE ESSEX
P.O.BOX 604
CARSON, WA 98610

DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) *of Documents assigned or released:*

AFN # 2012179784 RECORDED 1/3/2012

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

JERRY OWEN ESSEX

[ ] Additional names on page _____ of document.

GRANTEE(S):

JANE A. ESSEX

[ ] Additional names on page _____ of document.

REAL ESTATE EXCISE TAX
29869
DEC 26 2012
PAID exempt
Vicki Dellard, Deputy
SKAMANIA COUNTY TREASURER

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

Located in GOV. LOT 4
Sec.8 T3N, R, 8 E.W.M.

[ ] Complete legal on page _____ of document. See Attached Full Legal

TAX PARCEL NUMBER(S):

03080830080000 (BM)
03080830080089

[ ] 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.

a tract of land located in government lot 4 Of Sec 8 township 3 N Range 8 EWM described as follows; beginning at the SW corner of the said Sec. 8; thence E along S line of the said Sec 8 a distance of 600 ft; thence W along S line 350 ft; thence N 0057'12 E parralel to W line of said Sec 8 130.89 ft to the initial pt of the tract hereby described; thence N. 54 52'12 E to South westerly Right of way line of state secondary Hwy. #8-C as more particularly described in deed dated 11-27-56 and Recorded 12.10.56 at pg. 44 of book 43 of deeds. Records of Skamania County. thence N 40 02 30 W following said South Westerly Right of way line to a point N 0057'12 E of the initial point; thence S 0057'12 W to the initial point.

Skamania County Assessor
Date 12-26-12 Parcel# 3 8-8-3-800
3-8-8-3-800-89

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 2155

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Jerry	Middle: Owen	LAST: Essex	Suffix	2. Death Date: 09/10/2012	
3. Sex (M/F): M	4a. Age – Last Birthday: 71	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number: [redacted]	6. County of Death: Clark
7. Birthdate: 05/17/1941	8a. Birthplace (City, Town, or County): New Plymouth	8b. (State or Foreign Country): Idaho	9. Decedent's Education: 8th grade or less		
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 5th St.) (Include Apt. No.): 3291 Wind River Highway, Box 604	13b. City or Town: Carson				
13c. Residence: County: Skamania	13d. Tribal Reservation Name (if applicable): N/A	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98610	13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk	
14. Estimated length of time at residence.: 34 years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Jane Blouin			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).): Laborer	18. Kind of Business/Industry (Do not use Company Name): Rail Road				
19. Father's Name (First, Middle, Last, Suffix): George Essex	20. Mother's Name Before First Marriage (First, Middle, Last): Alice Sampson				
21. Informant's Name: Jane Essex	22. Relationship to Decedent: Spouse	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 3291 Wind River Highway, Box 604, Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital: Hospice Facility				
25. Facility Name (If not a facility, give number & street or location): Ray Hickey Hospice House	26a. City, Town, or Location of Death: Vancouver	26b. State: WA	27. Zip Code: 98661		
28. Method of Disposition: Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place): Cascade Cremation Center	30. Location-City/Town, and State: Tualatin, Oregon			
31. Name and Complete Address of Funeral Facility: Autumn Funerals, Cremation, & Burial-12995 SW Pacific Highway, Tigard, OR 97223	32. Date of Disposition: 09/18/2012				
33. Funeral Director Signature X: [signature]					

Cause of Death (See instructions and examples)

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.

			Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Esophageal Cancer	Due to (or as a consequence of):	9 months
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.	Due to (or as a consequence of):	Interval between Onset & Death
	c.	Due to (or as a consequence of):	Interval between Onset & Death
	d.		Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy? ☐ Yes ☒ No	37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No	
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ 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? ☐ Yes ☐ No ☐ Unk

Part 2 completed by Certifier

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: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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 [signature]

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): Matthew Brouns 210 SE 136th Ave Vancouver, WA 98684			50. Hour of Death (24hrs): 0035
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY): 09/11/2012
53. Title of Certifier: M.D	54. License Number: 54209	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X: [signature]		58. Date Received (MM/DD/YYYY): SEP 21 2012	
59. Amendments			

OOH/CHS 003 Rev 07/08/OT 003 (6/10)