AFTER RECORDING RETURN TO:
Name: Wyers Law, PC Address: P. O. Box 421 City/State: Bingen, WA 98605-0421
Document Title(s): (or transactions contained therein)
1. Certificate of Death
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. Barnes, Alice Medora
☐ Additional names on page of document
Grantee(s): (Last name first, then first name and initials)
1. The Public
☐ Additional names on page of document
Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
☐ Complete legal description is on page of document
Assessor's Property Tax Parcel/Account Number(s):

AFN #2013000934 Recorded 05/06/2013 at 12:37 PM DocType: DEATH Filed by: WYERS LAW, PC Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

AFN #2013000934 Page: 2 of 3

ALICE MEDORA BARNES	t, Middle, Last)	그 얼마가 그 가 뭐 하는 나는 그 것이다.		LAST NAME AT BIRTH	2. SEX	2012GA000058243 2a. DATE OF DEATH (Mo., Day, Year)
3. SOCIAL SEGURITY NUMBER	4a. AGE (YEAR	HYDE (S) 4b, UNDER		Ic. UNDER 1 DAY	FEMALE	ACTUAL DATE OF DEATH 12/29/2012 F BIRTH (Mo., Day, Year)
REDACTED	84	Mos.		Hours Mins.	05/24/	
8. BIRTHPLACE MASSACHUSETTS	7a. RESIDEN GEORGIA	NCE - STATE	7b. COUNTY GWNNETT		7c. CITY, LOGANV	
7d. STREET AND NUMBER 3795 BRUSHYMILL COURT	<u></u>		30052	NO	CITY LIMITS?	8. ARMED FORCES? NO
BALUSUAL OCCUPATION HOMEMAKER		86. KIND OF INDUST	TRY OR BUSINES	SS		t and the
D. MARITAL STATUS MIDOWED		POUSE NAME G BARNES	(SIII	ers andream "summers as a commit		. FATHER'S FULL NAME (First, Middle, Last)
2. MOTHER'S MAIDEN NAME (First, Mid LICE BUCK		13a. INFORMANT'S N DIANE GIANANTONIO		e, Last)	<u></u>	13b. RELATIONSHIP TO DECEDENT DAUGHTER
3c. MAILING ADDRESS 1795 BRUSHYMILL COURT, LOGANVILLE	E, GEORGIA 300	52		14. DECEDANT'S ED SOME COLLEGE CR		
5. ORIGIN OF DECEDENT (Kellen, Mex.,Fr.	ench, English, etc.)			RACE (White, Black Am		
IC, NOT SPANISHIHISPANICILATINO 17a. IF DEATH OCCURRED IN HOSPITAL	-		WHITE 176. IF DEATH	OCCURRED OTHER	THAN HOSPITAL III	ndicate DOA, OP/EMER., Rm., Inpatient) (Specify)
8. HOSPITAL OR OTHER INSTITUTION I			DECEDENTS	HOME		
3795 BRUSHYMILL COURT LOGANVILLE	E, GEORGIA 300	er, give street and No.) 52		9. CITY, TOWN or LOC .OGANVILLE	ATION OF DEATH	20. COUNTY OF DEATH GWINNETT
1. METHOD OF DISPOSITION ( <i>specity</i> ) REMATION		PLACE OF DISPOSITI LTON CREMATORY L		ORGIA 30052 WALTON		23. DISPOSITION DATE (Mo., Day, Year) 01/07/2013
1a. EMBALMER'S NAME OT EMBALMED		24b. EMBALMER LI	ICENSE NO.	25. FUNERAL HO		
SA. FUNERAL HOME ADDRESS			See a market surabilitation.	TIM STEWART F	UNL HOME INC	
OGANVILLE, GEORGIA 30052						
8a. SIGNATURE OF FUNERAL DIRECTO	IR I		],2	26b. FUN. DIR. LICENS	E NO.	<del>{{}}//////////////////////////////////</del>
6a. SIGNATURE OF FUNERAL DIRECTO Sy T JASON STEWART				4283	SE NO.	
6a. SIGNATURE OF FUNERAL DIRECTO S/ T JASON STEWART 7. DATE PRONOUNCED DEAD (Mo., Dey,		28. HOUR PROI	accer against anna ag	4283	SE NO.	
6a. SIGNATURE OF FUNERAL DIRECTO 5/ T JASON STEWART 7. DATE PRONOUNCED DEAD (Mo., Day, 2/29/2012 9a. PRONOUNCER'S NAME		[14:15] - 12:16 (Health of Health o	NOUNCED DEAD	4283		29C. DATE SIGNED
SA. SIGNATURE OF FUNERAL DIRECTO S/ T JASON STEWART 7. DATE PRONOUNCED DEAD (Mo., Dey, 2/29/2012 BB. PRONOUNCER'S NAME IONICA L PALMORE		11:00 PM	NOUNCED DEAD	4283 9b. LICENSE NUMBER 108393		29c. DATE SIGNED 12/29/2012
OGANVILLE, GEORGIA 30052  6a. SIGNATURE OF FUNERAL DIRECTO  5y T JASON STEWART  7. DATE PRONOUNCED DEAD (Mo., Doy, 2/29/2012  9a. PRONOUNCER'S NAME  10NICA L PALMORE  9. TIME OF DEATH  1:00 PM		11:00 PM	NOUNCED DEAD	4283 96. LIČËNSE NUMBER		- 1 [ 현재 회사 전 전 12 :
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AFN #2013000934 Page: 3 of 3



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STATE REGISTRAR AND CUSTODIAN

Issued by:\_\_\_\_\_

1-15-12

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