


<b>WHEN RECORDED RETURN TO:</b>
<u>Roy C. Moore</u>
<u>P.O. Box 746</u>
<u>Stevenson, WA 98648</u>

<b>DOCUMENT TITLE(S)</b>	
<u>Death Certificate</u>	
<b>REFERENCE NUMBER(S)</b> of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page ____ of document.	
<b>GRANTOR(S):</b>	<b>REAL ESTATE EXCISE TAX</b>
<u>Patricia Ann Moore</u>	<u>30137</u>
<input type="checkbox"/> Additional names on page ____ of document.	<u>JUN 20, 2013</u>
<b>GRANTEE(S):</b>	<b>PAID</b> <u>Exempt</u>
<u>Roy C. Moore</u>	<u><i>Timothy O. Todd</i></u> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page ____ of document.	
<b>LEGAL DESCRIPTION</b> (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):	
<u>See Exhibit A</u>	
<input checked="" type="checkbox"/> Complete legal on page ____ of document.	
<b>TAX PARCEL NUMBER(S):</b>	<u>03753620010000</u> <u>DN</u>
<input type="checkbox"/> 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.	

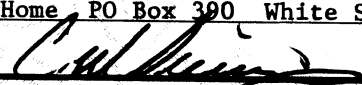
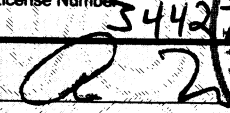
BEGINNING at the Northwest corner of Government Lot No. 1 of Section 36, Township 3 North, Range 7 ½ E. W. M.; thence along the North line of the said Government Lot No. 1 West 34 rods; thence South to the intersection with the center of Nelson Creek; thence Southeasterly along the center of Nelson Creek to intersection with the center line running north and South through the said Section 36; thence North along the said center line to the point of beginning; EXCEPT that portion thereof lying Southwesterly of the center of the existing county road.

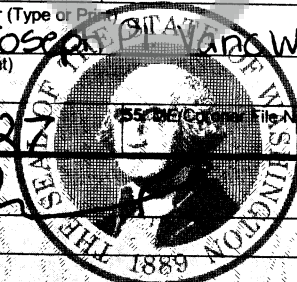
Stamania County Assessor  
 Date 6-20-13 by 3-75-36-2-100  


Unofficial  
 Copy

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Patricia Ann Moore</b>				2. Death Date <b>May 11, 2008</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>58</b>	4b. Under 1 Year Months Days <b>12/24/1949</b>	4c. Under 1 Day Hours Minutes <b>Philadelphia</b>	5. Social Security Number <b>Pennsylvania</b>	6. County of Death <b>Clark</b>
7. Birthdate <b>12/24/1949</b>		8a. Birthplace (City, Town, or County) <b>Philadelphia</b>		8b. (State or Foreign Country) <b>Pennsylvania</b>	
9. Decedent's Education <b>some college, no degree</b>		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			
11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>152 Moore Rd.</b>			13b. City or Town <b>Stevenson</b>		
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98648</b>
14. Estimated length of time at residence. <b>25 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Roy Calvin Moore</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>James Joseph Reilly</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Florence Ellen West</b>		
21. Informant's Name <b>Roy Calvin Moore</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>PO Box 746 Stevenson, WA 98648</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) <b>SW Washington Medical Center</b>			26a. City, Town, or Location of Death <b>Vancouver</b>		26b. State <b>WA</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>St. Mary's Catholic Cemetery</b>		30. Location-City/Town, and State <b>Hood River, Oregon</b>	
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home PO Box 390 White Salmon, WA 98672</b>			32. Date of Disposition <b>05/16/2008</b>		
33. Funeral Director Signature X 					
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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Brain Cancer. Asx to cytoma</b> Interval between Onset & Death: <b>8 months</b> <b>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: Due to (or as a consequence of): Interval between Onset & Death: Due to (or as a consequence of): Interval between Onset & Death: Due to (or as a consequence of): Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>None</b>			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 <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <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		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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, place, and cause stated on this certificate. <b>Richard Graham MD</b>			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, I certify that the cause of death is as stated on this certificate. <b>Richard Graham MD</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Richard Graham 400 NE Mother Joseph</b>			50. Hour of Death (24hrs) <b>0800</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) <b>5-13-08</b>		
53. Title of Certifier <b>MD</b>		54. License Number <b>34422</b>		55. ME/Coroner File Number	
57. Registrar Signature 		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
58. Date Received (MM/DD/YYYY) <b>MAY 14 2008</b>		59. Amendments			



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## Agreement as to Status of Community Property

THIS AGREEMENT is made and entered into this 16<sup>TH</sup> day of September, 2003, by and between ROY C. MOORE and PATRICIA A. MOORE, husband and wife, of Stevenson, Washington, pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for the disposition of community property to take effect upon the death of either.

### WITNESSETH:

That the parties hereto are owners of certain community property. The term community property includes all real or personal property previously acquired and presently possessed, together with all other community property, either real or personal that hereafter may be acquired.

That in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

**FIRST:** That all prior written community property agreements, if any, between the parties hereto are mutually rescinded.

