

AFTER RECORDING MAIL TO:

REAL ESTATE EXCISE TAX

Name Jenny M. Korens

30368

Address P.O. Box 532

NOV - 5 2013

City, State, Zip Tiehn, WA 98947

PAID exempt
Victor Clelland, Clerk
SKAMANIA COUNTY TREASURER

Filed for record at Request of:

QUIT CLAIM DEED

THE GRANTOR(S) Jenny M. Korens
for and in consideration of love & affection
conveys and quit claims to Frances O. Bligh a life estate only
the following described real estate, situated in the County of Skamania, state of Washington, together
with all after acquired title of the grantor(s) therein:

See Attachment
Removing Elmer s. Bligh's life estate

Assessor's Property Tax Parcel/Account Number: 03073614150000 JM

Dated: 10-28-13

Jenny M. Korens

State of Washington
County of Yakima

I certify that I know or have satisfactory evidence that Jenny M. Korens
(is/are) the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this
instrument
and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in this
instrument.

Dated: 10-28-13

[Signature]
Notary Public in and for the state of Washington

My appointment expires: Oct. 20, 2015



Skamania County Assessor
Date 11/5/13 Parcel 3-7-36-1-4-1500
JM

BOOK 163 PAGE 267

THE FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN SKAMANIA COUNTY, STATE OF WASHINGTON, TO-WIT:
BEGINNING AT THE SOUTHEAST CORNER OF LOT 3 OF STEVENSON PARK ADDITION ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN BOOK "A" OF PLATS ON PAGE 38, SKAMANIA COUNTY RECORDS; THENCE WEST 214 FEET ALONG THE SOUTH LINE OF THE SAID LOT 3; THENCE NORTH 150 FEET TO THE NORTH LINE OF THE SAID LOT 3; THENCE EAST ALONG THE NORTH LINE OF THE SAID LOT 3 TO THE NORTHEAST CORNER THEREOF; THENCE IN A SOUTH-EASTERLY DIRECTION ALONG THE EASTERLY LINE OF THE SAID LOT 3 TO THE POINT OF BEGINNING.
EXCEPT THAT PORTION LYING WITHIN JORDAN ROAD.

County Assessor
Parcel#
~~SEMI-ANNUAL PROPERTY TAX~~
~~1944-1997~~
PAID 8232
Skamania County Assessor
Date 10-2-11 Parcel 3-7-36-1-4-1500
(Signature)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
2342							
1. Legal Name (include AKA's if any), First Middle LAST		2. Death Date					
Elmer Sheldon Bligh		Sept. 24, 2013					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	79	Months	Days		Clark		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Feb. 17, 1934	Toledo	Washington		8th Grade or Less			
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., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town			
351 Frank Johns Road				Stevenson			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
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)			
26 Years		Married		Frances Oma Walter			
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)			
Timber Faller				Timber			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Ray Bligh				Netti Meyers			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Frances Bligh		Wife		351 Frank Johns Rd. Stevenson, WA 98648			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
Hospital - Inpatient							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	
PeaceHealth Southwest Medical Center				Vancouver		WA	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		27. Zip Code	
Cremation		Columbia River Crematory		White Salmon, Washington		98664	
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				Oct. 2, 2013			
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) → a. acute hemorrhagic CNS stroke Interval between Onset & Death 3:23							
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. respiratory failure 2° (a) Interval between Onset & Death 3:23							
c. 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?		37. Were autopsy findings available to complete the Cause of Death?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input 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"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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 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 -				48b. Medical Examiner/Coroner -			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Sean Rees, MD 400 NE Mother Street, Vancouver, WA 98664				0423			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				10/2/13			
53. Title of Certifier		54. License Number		55. Certifier File Number		56. Was case referred to ME/Coroner?	
Emergency Provider		MD00030872				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
				OCT 02 2013			
59. Amendments							

DOH 01-003 (1/13)