

WHEN RECORDED RETURN TO:

Majel Harmon
2805 Billy Casper Drive
Las Vegas, NV 89134

DOCUMENT TITLE(S):
Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
N/A

Majel Harmon as Personal Representative of the
GRANTOR : Estate of Marcia J. Mansfield

GRANTEE : MAJEL HESELIUS HARMON AND NICOLE MARIE NASH

ABBREVIATED LEGAL DESCRIPTION:
Lot 9, Blk. 4, Relocated North Bonneville

Full Legal: Exhibit "A"

TAX PARCEL NUMBER(S):
02-07-19-4-4-0900-00 *JM*

REAL ESTATE EXCISE TAX

30509

FEB -3, 2014

PAID Exempt
Sydney Palmer Deputy
SKAMANIA COUNTY TREASURER

Exhibit A

Lot 9, Block 4, Plat of Relocated North Bonneville, recorded in Book B of Plats, Page 10, under Skamania County File No. 83466; also recorded in Book B of Plats, Page 26, under Skamania County File No. 84429, Records of Skamania County, Washington.

Skamania County Assessor
Date 1-30-14 Parcel# 2-7-19-4-4-900
LM

Unofficial
Copy

AFFIDAVIT
Lack of Probate

State of Washington

County of Skamania

Majel Harmon, being first duly sworn, deposes and says:

The undersigned affiant is the Personal Representative of the Estate of Marcia Mansfield, being the daughter of Marcia J. Mansfield

who died October 15, 2009 at Clark County, City of Vancouver, State of Washington then being a legal resident of Skamania County, Washington

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below

[] Decedent and surviving spouse executed a Community Property Agreement dated _____ a copy of which is attached hereto.

[] Decedent left no last Will,

[X] Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

[] Decedent left a Will which was probated in _____ County, State of _____. A copy of an Order Admitting Will to Probate, Decree of distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adapted children. Children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

<u>Majel Heselius Harmon</u>	<u>Legal</u>	<u>Daughter</u>	<u>Las Vegas, NV</u>
(full name)	(age)	(relationship)	(residence)

<u>Jon M. Mansfield (aka Heselius)(Deceased)</u>	<u>Legal</u>	<u>Son</u>	<u>North Bonneville, WA</u>
(full name)	(age)	(relationship)	(residence)

<u>Nicole Nash</u>	<u>Legal</u>	<u>Granddaughter</u>	<u>North Bonneville, WA</u>
(full name)	(age)	(relationship)	(residence)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows: None

- S. The decedent [X] had [] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services or any other type of medical assistance.
6. As of the date of death, the value of all community property of the decedent was approximately \$ 0 . The value of all separate property of the decedent was approximately \$496,000.00.
7. Other facts regarding the decedent, decedent's estate or matters which pertain to the current transaction: Son, Jon M. Masfield (aka Heselius) is deceased (DOD Jan 30, 2012—A copy of Jon M. Mansfield (aka Heselius)'s Death Certificated is attached). Jon M. Mansfield left one daughter, Nicole Nash. Ruben Grant, who was granted a life estate interest pursuant to Marcia Last Will and Testament has predeceased Marcia Mansfield and Jon M. Mansfield (aka Heslius). Reuben Grant is deceased. (DOD January 22, 2004—A copy of Reuben Grant's Death Certificate is attached.)

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

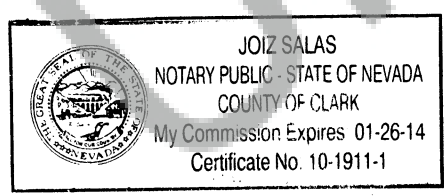
The Estate of Marcia Mansfield

By Majel H. Harmon Personal Representative Date 1-13-14
Majel H. Harmon

STATE OF NEVADA)
) ss:
COUNTY OF Clark)

On this day personally appeared before me Majel H. Harmon, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as Personal Representative of the Estate of Marcia Mansfield as the Estate's free and voluntary act and deed for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 13 day of January, 2014.



[Signature]
Notary Public in and for the State of Nevada, residing at Las Vegas, NV
My appointment expires: 01/26/2014

Last Will and Testament

of

MARCIA J. MANSFIELD

KNOW ALL MEN BY THESE PRESENTS, That I, MARCIA J. MANSFIELD, being over the age of twenty-one years, and a resident and inhabitant of Skamania County, State of Washington, of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence; do make, publish and declare this to be my LAST WILL and TESTAMENT, hereby annulling and revoking any and all Wills and codicils thereto heretofore made by me at any time.

ARTICLE I. DEBTS AND EXPENSES

I direct that my Personal Representative, hereafter named, shall first pay out of the proceeds of my estate all just debts by me owed at the time of my death, including the expenses of my last illness and burial.

ARTICLE II. BURIAL

I direct that my body be given proper disposition, befitting my station in life, but without unnecessary ostentation or expense.

ARTICLE III. CHILDREN

I declare I was formerly married to JOHN WOODROW HESELIUS and I have as issue of my marriage to him the following children, namely; MAJEL HESELIUS HARMON and JON M. HESELIUS, a.k.a. JON M. MANSFIELD, who are both over the age of eighteen (18) years.

I declare I was formerly married to TROY LESTER MANSFIELD, and I have no children as issue of my marriage to him.

The term "children" as hereafter used shall refer to the above-named children. Except as herein provided, I intend to make no provisions for said children.


MARCIA J. MANSFIELD, Testatrix
LAST WILL AND TESTAMENT - Page 1 of 3

**ARTICLE IV.
SPECIFIC DEVICES AND BEQUESTS**

To my dear companion, RUBEN GRANT, I leave a life estate in the residence located at 409 Columbia, North Bonneville, Washington, so he may reside therein as long as he is able. Upon his demise, this real property then shall become the sole and separate property of my son, JON M. MANSFIELD.

To my son, JON M. MANSFIELD, I leave the following items to be his sole and separate property, per stirpes, to wit: (a) real property located at 409 Columbia, North Bonneville, Washington, reserving unto RUBEN GRANT a life estate therein as set forth above; (b) real property and warehouse located at 39 Cascade Drive, North Bonneville, Washington; (c) any automobile that I may own at the time of my death; and (d) any residual interest in the vacation home and real property located at 601 Koa Street, Oceanview, Hawaii, HI that I may own at the time of my death.

To my daughter, MAJEL HESELIUS HARMON, I leave the following items to be her sole and separate property, per capita, to wit: (a) my entire investment portfolio; (b) my one half interest in a five (5) acre parcel of real property located in Clark County, Washington; and (c) all personal jewelry that I may own at the time of my death.

**ARTICLE V.
TANGIBLE PERSONAL PROPERTY**

Pursuant to State statute, I may attach to this Will, in my own handwriting, a list of tangible personal property and the names of those to whom such property is directed. I direct my personal representative, hereinafter named, to deliver such property to those individuals.

**ARTICLE VI.
RESIDUARY DEVISE AND BEQUEST**

All of the rest residue and remainder of the property of which I may die possessed, whether real, personal or mixed, of whatsoever kind or nature, and wheresoever situate, I give, devise and bequeath unto my children as their sole and separate property, share and share alike per stirpes.

**ARTICLE VII.
PERSONAL REPRESENTATIVE**

I nominate and appoint my daughter, MAJEL HESELIUS HARMON, as the Personal Representative of this, my LAST WILL and TESTAMENT. In the event she predeceases me or should she be unwilling or incapable or for any reason fail or refuse to act in such trust, I appoint


MARCIA J. MANSFIELD, Testatrix
LAST WILL AND TESTAMENT - Page 2 of 3

my son, JON M. HESELIUS, a.k.a. JON M. MANSFIELD, to act as Personal Representative of my Will. I direct that no bond or other undertaking shall be required of my Personal Representative, in any event, and that my Personal Representative shall serve as such without the intervention of any Court or Courts.

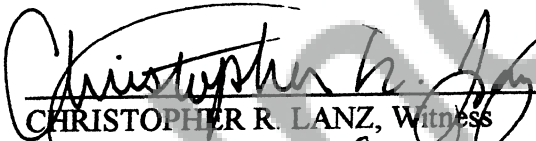
**ARTICLE VIII.
EXCLUSIONS**


I have intentionally omitted all my heirs who are not specifically mentioned as devisees herein and I hereby generally and specifically disinherit each, any and all persons whomsoever claiming to be or who may be lawfully determined to be my heirs at law and I hereby give, devise and bequeath One Dollar (\$1.00) to any person whomsoever claiming to be or proven to be my heir at law who contests the provisions hereof, such bequest to be given in lieu of anything said person would have taken under the provisions of this Will, or through intestacy.

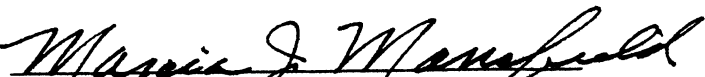
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12 day of July, 2000, at Stevenson, Skamania County, Washington.


MARCIA J. MANSFIELD, Testatrix

The foregoing instrument, constituting of three (3) pages, was on the 12 day of July, 2000, signed and sealed and published as, and declared to be, her **LAST WILL and TESTAMENT**, in the presence of us who at her request and in her presence and in the presence of each other, and who being of the opinion that she, at the time of executing this Will, was of sound and disposing mind and memory and was not acting under duress, menace, fraud or the undue influence of any person or persons, have subscribed our names as witnesses thereto.

 residing in Skamania County, Washington
CHRISTOPHER R. LANZ, Witness

 residing in Skamania County, Washington
ELIZABETH A. GORDON, Witness


MARCIA J. MANSFIELD, Testatrix
LAST WILL AND TESTAMENT - Page 3 of 3

Affidavit of Witness to Will

STATE OF WASHINGTON)
: ss.
County of Skamania)

CHRISTOPHER R. LANZ and ELIZABETH A. GORDON each being first duly sworn on oath and each for him/herself depose and say:

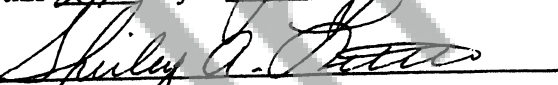
I reside in Skamania County, Washington, and am of the age of majority. I am one of the subscribing witnesses to the above and foregoing instrument entitled LAST WILL and TESTAMENT of MARCIA J. MANSFIELD; that the said LAST WILL and TESTAMENT was signed and executed by the said MARCIA J. MANSFIELD at Stevenson, Skamania County, Washington on the date appearing thereon, in my presence and in the presence of the other subscribing witness, and the said MARCIA J. MANSFIELD thereupon published said instrument as her LAST WILL and TESTAMENT by declaring the same to be such and requesting me in attestation thereof to subscribe my name as a witness thereto. Thereupon, I then and there in the presence of the said testatrix and the other subscribing witness subscribed my name as witness to said LAST WILL and TESTAMENT.



CHRISTOPHER R. LANZ, Witness

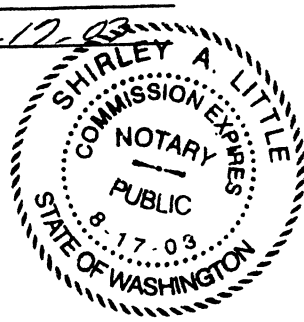
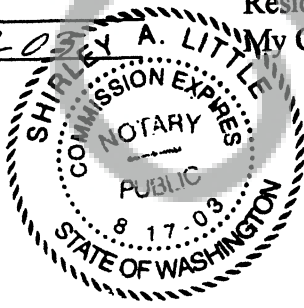

ELIZABETH A. GORDON, Witness

SUBSCRIBED & SWORN to before me
this 27 day of July, 2000.

SUBSCRIBED & SWORN to before me
this 27 day of July, 2000.


Notary Public for Washington
Residing at Stevenson
My Commission expires 8-12-03


Notary Public for Washington
Residing at Stevenson
My Commission expires 8-12-03



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 135		Washington State Certificate of Death		State File Number 4 01135	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Ruben Frederick GRANT				2. Death Date January 22, 2004	
3. Sex (M/F) Male	4a. Age - Last Birthday 93	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Clark
7. Birthdate 11/25/1910	8a. Birthplace (City, Town, or County) Sequim	8b. (State or Foreign Country) Washington	9. Decedent's Education High School Graduate		
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.) 11501 NE 192nd Ave.				13b. City or Town Brush Prairie	
13c. Residence: County Clark	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98606	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
14. Estimated length of time at residence. 11 years	15. Marital Status at Time of Death Widowed	16. Surviving Spouse's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Owner/Operator			18. Kind of Business/Industry (Do not use Company Name) Tire Shop		
19. Father's Name (First, Middle, Last, Suffix) Walter Irvin Grant			20. Mother's Name Before First Marriage (First, Middle, Last) Annie Albertina Kloehn		
21. Informant's Name Frederick Grant	22. Relationship to Decedent Son	23. Mailing Address: Number & Street or RFD No. City or Town State Zip 9502 NW 14th Ave. Vancouver, WA 98665			
24. Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital: Foster Home			
25. Facility Name (if not a facility, give number & street) 11501 NE 192nd Ave.		25a. City, Town, or Location of Death Brush Prairie	25b. State WA	27. Zip Code 98606	
28. Method of Disposition Burial	29. Place of Disposition (Name of cemetery, crematory, other place) Wind River Cemetery		30. Location-City/Town, and State Carson, Washington		
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Ave., Camas, WA 98607			32. Date of Disposition 01/30/2004		
33. Funeral Director Signature X <i>C.M. Dineen</i>					
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Multi-Infarct Dementia		Interval between Onset & Death years	
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. Atherosclerotic vascular disease		Interval between Onset & Death years	
		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 Type 2 Diabetes				36. Autopsy? <input checked="" type="checkbox"/> Yes <input 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 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 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 type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) I have stated. <i>Cyril Dodge MD</i>	
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.				50. Hour of Death (24hrs) 0915	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Cyril Dodge, MD 700 NE 87th Ave., Vancouver, WA 98664				52. Date Certified (MM/DD/YYYY) 1-22-04	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))				56. Was case referred to medical examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
53. Title of Certifier MD	54. License Number WA 15507	55. ME/Coroner File Number		58. Date Received (MM/DD/YYYY) JAN 23 2004	
57. Registrar Signature X <i>Gwendolyn A. Fisher MD MPH</i>		59. Record Amendment		Reviewed by Date	

DOH/CHS 003 Rev 3/24/2003

DOH 01-003 (1/13)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
Local File Number 307		1. Legal Name (Include AKA's if any) First Middle LAST Suffix Jon Michael Mansfield		2. Death Date Jan. 30, 2012	
3. Sex (M/F) Male	4a. Age - Last Birthday 59	4b. Under 1 Year Months Days 59	4c. Under 1 Day Hours Minutes 59	5. Social Security Number [REDACTED]	6. County of Death Clark
7. Birthdate Dec. 17, 1952	8a. Birthplace (City, Town, or County) Portland	8b. (State or Foreign Country) Oregon	9. Decedent's Education High School Graduate		
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 5 th St.) (Include Apt. No.) 409 Columbia				13b. City or Town North Bonneville	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) -		13e. State or Foreign Country Washington	13f. Zip Code + 4 98639
14. Estimated length of time at residence. 15 years		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) -	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Carpenter				18. Kind of Business/Industry (Do not use Company Name) Construction	
19. Father's Name (First, Middle, Last, Suffix) John Woodrow Heselius				20. Mother's Name Before First Marriage (First, Middle, Last) Marcia Gruelich	
21. Informant's Name Richard Harmon		22. Relationship to Decedent Brother in Law		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3020 Barby Falls Dr., Las Vegas, NV 89134	
24. Place of Death, if Death Occurred in a Hospital: In-Patient					
25. Facility Name (If not a facility, give number & street or location) PeaceHealth Southwest Medical Center				26a. City, Town, or Location of Death Vancouver	26b. State WA
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) PFS Crematory		30. Location-City/Town, and State Portland, OR	
31. Name and Complete Address of Funeral Facility Davies Cremation & Burial Svc., POB 61747, Vancouver, WA 98666				32. Date of Disposition 02/06/2012	
33. Funeral Director Signature <i>[Signature]</i>					
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Septic shock Due to (or as a consequence of):					
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 Due to (or as a consequence of):					
c. Acute renal failure Due to (or as a consequence of):					
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 <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 type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street 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 indicated on this certificate and was caused by the conditions stated. [Signature]				48b. Medical Examiner/Coroner - On the basis of my knowledge, and in view of the facts, I certify death occurred at the time, date, and place indicated on this certificate and was caused by the conditions stated. [Signature]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type in Print) Mohammed Laya 400 NE 1st Ave, Portland, OR 97232				50. Hour of Death (24hrs) 0907	
51. Name and Title of Attending Physician if other than Certifier (Type in Print) [Signature]				52. Date Signed (mm/dd/yyyy) 2/1/2012	
53. Title of Certifier MD		54. License Number 60214		55. Coroner File Number 98661	
57. Registrar Signature [Signature]				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendments -				58. Date Received (mm/dd/yyyy) FEB 03 2012	

DOHCHS 003 Rev 07/09/07 B0701-003 (6/10)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
2216							
1. Legal Name (include AKA's if any) First Middle LAST		2. Death Date					
Marcia Jean MANSFIELD		Oct. 15, 2009					
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	89	Months Days	Hours Minutes		Clark		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education			
Sept. 15, 1920	Pendleton		Oregon	Associate Degree			
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 5th St.) (Include Apt. No.)				13b. City or Town			
409 Columbia				North Bonneville			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98639	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
34 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)			
Business Owner				Insurance Agency			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Burton Greulich				LaVerne Delashmutt			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Majel Harmon		Daughter		2458 Paseo Del Rey Palm Springs, CA 92264			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
				Ray Hickey Hospice House: 2112 E. Mill Plain Blvd.			
				26a. City, Town, or Location of Death			
				Vancouver			
				26b. State		27. Zip Code	
				WA		98661	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location - City/Town, and State			
Cremation		Portland Memorial Crematory		Portland, Oregon			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Wilhelm's Portland Memorial Funeral Home 6705 SE 14th Ave. Portland, OR 97202				October 19, 2009			
33. Funeral Director/Signature X							
<i>William L. Casebeer</i>							
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.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Endometrial Adenocarcinoma Cancer							
Due to (or as a consequence of):							
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. Dementia							
Due to (or as a consequence of):							
c.							
Due to (or as a consequence of):							
d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
Hypertension							
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?					
<input type="checkbox"/> Yes <input checked="" 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"/> Accidental <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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
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)			
N/A		N/A		N/A			
44. Location of Injury: Number & Street:		City or Town:		County:			
N/A		N/A		N/A			
45. Describe how injury occurred:		46. If transportation injury, specify:		47. If transportation injury, specify:			
N/A		<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 stated on the certificate, and was due to the causes, and manner stated.		48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, I certify that death occurred at the time, date, and place, and due to the causes and manner stated.					
x <i>Therapist William Casebeer</i>							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Jon E. Casebeer, M.D. 7101 NE 137th Ave. Vancouver, WA 98682				1445			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
Jon Casebeer				10/21/2009			
53. Title of Certifier		54. License Number		55. Was case referred to ME/Coroner?			
MD		25823		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature				58. Date Received (mm/dd/yyyy)			
<i>Jon Casebeer</i>				Oct 21 2009			
59. Amendments							