



WHEN RECORDED RETURN TO:
Vickie Clelland
Po Box 238
Stevenson, WA 98648-0238

DOCUMENT TITLE(S)
Death Certificate - TO Remove Life Estate
REFERENCE NUMBER(S) of Documents assigned or released:
BKA/P644 ^{VC} 12/29/2004 2004-155780
<input type="checkbox"/> Additional numbers on page _____ of document.
GRANTOR(S):
Vickie Clelland Deborah A. Hinzman
<input type="checkbox"/> Additional names on page _____ of document.
GRANTEE(S):
Vickie Clelland Deborah A. Hinzman JWS
<input type="checkbox"/> Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
Lot 4 B1K 2 Roselawn BKA/P644
<input checked="" type="checkbox"/> Complete legal on page <u>2</u> of document.
TAX PARCEL NUMBER(S):
03073634340000 
<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.

Skamania County Assessor
Date 2-3-14 Parcel# 3-7-36-3-4-3400


REAL ESTATE EXCISE TAX

30513

FEB - 3, 2014

PAID Exempt

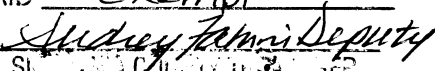

SKAMANIA COUNTY TREASURER

Exhibit A
Page Two
Parcel # 03-07-36-3-4-3400-00

Lot 4 of Block Two of ROSELAWN ADDITION TO THE TOWN OF STEVENSON
according to the official plat thereof on file and of record in the Auditor of Skamania
County, Washington;

*****Removing the Life Estate For Mary Ann Hopkins***

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2013-1002		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Mary Ann HOPKINS				2. Death Date Jan. 26, 2013		
3. Sex (M/F) Female	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 Klickitat	
7. Birthdate Dec. 27, 1941	8a. Birthplace (City, Town, or County) Vancouver		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 5 th St.) (Include Apt. No.) 167 McKinley				13b. City or Town Stevenson		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98648
14. Estimated length of time at residence. 48 Years		15. Marital Status at Time of Death Widowed		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).) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Monte Elwood Gunter				20. Mother's Name Before First Marriage (First, Middle, Last) Laura May Price		
21. Informant's Name Vickie Clelland		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 238 Stevenson, WA 98648		
24. Place of Death, if Death Occurred in a Hospital: Inpatient-Hospital				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Skyline Hospital				26a. City, Town, or Location of Death White Salmon		26b. State WA
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Stevenson Cemetery		30. Location-City/Town, and State Stevenson, Washington		27. Zip Code 98672
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672				32. Date of Disposition Feb. 4, 2013		
33. Funeral Director Signature <i>[Signature]</i>						
34. Enter the <u>chain of events</u> - 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. congestive heart failure				Interval between Onset & Death days		
Due to (or as a consequence of): b. atrial fibrillation				Interval between Onset & Death 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 c.				Interval between Onset & Death		
Due to (or as a consequence of): d.				Interval between Onset & Death		
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 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				47. If transportation injury, 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. <i>[Signature]</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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) CHRIS SAMUELS PO Box 1519 White Salmon, WA 98642				50. Hour of Death (24hrs) 1029		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 1-29-2013		
53. Title of Certifier Family Physician	54. License Number MD 47504		55. Decedent's File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) JAN 31 2013		
59. Amendments						

