

<b>WHEN RECORDED RETURN TO:</b>
Randal E Wilkinson
P.O. Box 775
Carson WA 98610

<b>DOCUMENT TITLE(S)</b>
Death certificates Removing Life Estates
<b>REFERENCE NUMBER(S)</b> of Documents assigned or released:
2012181430
<input type="checkbox"/> Additional numbers on page ____ of document.
<b>GRANTOR(S):</b>
William J & Marjorie E Wilkinson
<input type="checkbox"/> Additional names on page ____ of document.
<b>GRANTEE(S):</b>
Randal E Wilkinson
<input type="checkbox"/> Additional names on page ____ of document.
<b>LEGAL DESCRIPTION</b> (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
See Exhibit "A"
<input type="checkbox"/> Complete legal on page ____ of document.
<b>TAX PARCEL NUMBER(S):</b>
03081730231500
<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.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-014651

DATE ISSUED: 07/07/2014

FEE NUMBER: 0000000001

GIVEN NAMES: WILLIAM J  
LAST NAME: WILKINSON

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: JUNE 29, 2014  
HOUR OF DEATH: 02:38 A.M.  
SEX: MALE  
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: OCTOBER 23, 1934  
BIRTHPLACE: FLORENCE, OREGON

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: LINEMAN  
INDUSTRY: POWER COMPANY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: RANDY WILKINSON  
RELATIONSHIP: SON  
ADDRESS: 192 EYMAN CEMETERY ROAD CARSON, WA 98610

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 192 EYMAN CEMETERY ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 192 EYMAN CEMETERY ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610  
INSIDE CITY LIMITS? NO  
COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: DAVID J WILKINSON  
MOTHER: GLADYS HENSON

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: INDIAN CREEK CEMETERY  
CITY, STATE: SWISSHOME, OR  
DISPOSITION DATE: JULY 05, 2014

FUNERAL FACILITY: GARDNER FUNERAL HOME INC  
ADDRESS: P O BOX 390  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

- CAUSE OF DEATH:
- A. METASTATIC PANCREATIC CANCER  
INTERVAL: YEARS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SONIA SCHMANN MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 205 WASCO LOOP #202  
CITY, STATE, ZIP: HOOD RIVER OR 97031  
DATE SIGNED: JUNE 30, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:  
SONIA SCHUEMANN MD

LOCAL DEPUTY REGISTRAR:  
LADONNA BAEHLER  
DATE RECEIVED: JULY 01, 2014

DOH 01-003 (6/10)

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-007437

DATE ISSUED: 04/07/2014  
FEE NUMBER: 0000000001

GIVEN NAMES: MARJORIE E  
LAST NAME: WILKINSON

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: MARCH 22, 2014  
HOUR OF DEATH: 12:40 P.M.  
SEX: FEMALE  
AGE: 96 YEARS  
SOCIAL SECURITY NUMBER: 553-14-6009

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: MAY 26, 1917  
BIRTHPLACE: YAKIMA, YAKIMA CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: WILLIAM J. WILKINSON

OCCUPATION: PILOT  
INDUSTRY: AVIATION  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES? NO

INFORMANT: BILL WILKINSON  
RELATIONSHIP: HUSBAND  
ADDRESS: PO BOX 775 CARSON, WA 98610

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 192 EYMAN CEMETERY ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 192 EYMAN CEMETERY ROAD  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610  
INSIDE CITY LIMITS? NO  
COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: WILLIAM WALLACE DANIELS  
MOTHER: EMMA ELIZABETH LONDON

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY  
CITY, STATE: WHITE SALMON, WA  
DISPOSITION DATE: APRIL 03, 2014

FUNERAL FACILITY: GARDNER FUNERAL HOME INC  
ADDRESS: P O BOX 390  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

- CAUSE OF DEATH:
- A. ALZHEIMERS DISEASE  
INTERVAL: 2 YEARS
  - B. DEMENTIA  
INTERVAL: 2 YEARS
  - C.  
INTERVAL:
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE  
NUMBER(S): NONE  
DATE(S): NONE

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CYNTHIA HORTON MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 211 SKYLINE DRIVE  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
DATE SIGNED: APRIL 03, 2014



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
CYNTHIA HORTON MD

LOCAL DEPUTY REGISTRAR:  
LADONNA BAEHLER  
DATE RECEIVED: APRIL 03, 2014

DOH 01-003 (6/10)



Exhibit "A"

After recording return to:

William Wilkinson  
PO Box 775  
Carson, WA 98610

STATE EXCISE TAX  
29698  
SEP - 4 2012  
exempt  
9 deputy  
SKAMANIA COUNTY TREASURER  
QUIT CLAIM DEED

THE GRANTOR WILLIAM J. WILKINSON AND MARJORIE E. WILKINSON, HUSBAND AND WIFE for and in consideration of Love & Affection in hand, conveys and quit claims to Randal E. Wilkinson 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:

Abbreviated Legal: Lot 1, Family Trust-Degroote Short Plat  
Lot 1, of the FAMILY TRUST-DEGROOTE SHORT PLAT, recorded in Book 3, page 367 of Short Plats, in the County of Skamania and State of Washington.  
\* Reserving a Life Estate for William J. Wilkinson and Marjorie E. Wilkinson WJW.  
M.E.W.

Tax Parcel Number(s): 03-08-17-3-0-2315-00

Dated: 8/22/12, 2012

Skamania County Auditor  
Date 9-4-12 Parcel 3-8-17-3-0-2315  
JW

William J. Wilkinson  
William J. Wilkinson

Marjorie E. Wilkinson  
Marjorie E. Wilkinson

STATE OF WASHINGTON  
COUNTY OF SKAMANIA } SS:

I certify that I know or have satisfactory evidence that William J. Wilkinson & Marjorie E. Wilkinson the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledge it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 8/23/12

Sandy K Seaman

SANDY K SEAMAN  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
AUGUST 19, 2015

Notary Public in and for the State of Washington  
Residing at: Skamania County  
My appointment expires: 8/19/15