

AFTER RECORDING RETURN TO:

Jamie McNab
P.O. Box 171
Underwood, WA 98651

Document Title(s): Certificate of Death

Reference Number(s) of Documents assigned or released:

Grantor(s): (Last name first, then first name and initials)

McNab, Peter Noel

REL. BY: SKAMANIA CO. CLERK
30812
AUG 21, 2014

Grantee(s): (Last name first, then first name and initials)

McNab, Jamie G.

Exempt
Audrey J. Deputy
AUG 21, 2014

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter

Portion NE SW Section 21, Township 3 N, Range 10EWM

☐ Complete legal description is on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):

03 10 21 1 0 1400 00

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of Klickitat (Property in Skamania)Name of deceased Peter Noel McNabI, (survivor's name) Jamie G. McNab affirm
that I am the sole and rightful heir to the property described as:Parcel number(s) 03 10 21 10 1400 0000

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 18 day of August, 2014 at White Salmon, WA.
(month) (year) (city) (state)

Jamie G. McNab
(Signature of surviving spouse or registered domestic partner)

Jamie G. McNab
(Printed name of surviving spouse or registered domestic partner)


11741 Cook-Underwood Rd. Underwood WA 98651
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.


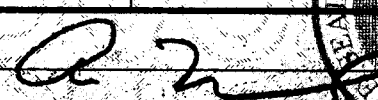
EXHIBIT "A"

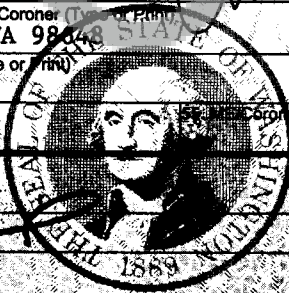
A tract of land located in the South half of the Southwest quarter of the Northeast quarter of Section 21, Township 3 North, Range 10 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at the intersection of the center line of the County Road known and designated as the Underwood-Willard Highway with the North line of the South half of the Southwest quarter of the Northeast quarter of the said Section 21, said point being 540.52 feet West of the Northeast quarter of the South half of the Southwest quarter of the Northeast quarter of the said Section 21; thence West 28.46 feet to the Westerly right of way line of said highway and the initial point of the tract hereby described; thence following the North line of the South half of the Southwest quarter of the Northeast quarter of the said Section 21 West 280 feet; thence South 285 feet, more or less, to the intersection with the Northwestern right of way line of said highway; thence following said Northwestern right of way line North 43°47' East to the initial point.

Skamania County Assessor
Date 8-20-14 Parcel # 3-16-21-1-1406


STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number				Washington State Certificate of Death				State File Number			
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Peter Noël MCNAB								2. Death Date Dec. 6, 2010			
3. Sex (M/F) Male		4a. Age - Last Birthday 55		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		6. County of Death Skamania	
7. Birthdate Dec. 25, 1954		8a. Birthplace (City, Town, or County) The Dalles		8b. (State or Foreign Country) Oregon		9. Decedent's Education Bachelor's Degree					
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.) 11741 Cook-Underwood Road								13b. City or Town Underwood			
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98651		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 21 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jamie Georganne Kreps							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Owner/Payroll								18. Kind of Business/Industry (Do not use Company Name) Business Services			
19. Father's Name (First, Middle, Last, Suffix) Murray Donald McNab								20. Mother's Name Before First Marriage (First, Middle, Last) Nora E. Stangland			
21. Informant's Name Jamie McNab		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 171 Underwood, WA 98651							
24. Place of Death, if Death Occurred in a Hospital:								24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location) 11741 Cook-Underwood Road								26a. City, Town, or Location of Death Underwood		26b. State WA	
27. Zip Code 98651		28. Method of Disposition Cremation									
29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, Washington									
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 Dec. 10, 2010			
33. Funeral Director Signature X 											
34. Cause of Death (See instructions and examples) 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. Myocardial Infarction								Interval between Onset & Death Unknown			
Due to (or as a consequence of):								Interval between Onset & Death			
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			
c.								Due to (or as a consequence of): 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 Exposure								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"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: 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, date, and place and due to the cause(s) and manner stated.								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 Lanz PO Box 790 Stevenson, WA 98648								50. Hour of Death (24hrs) Unknown			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (mm/dd/yyyy) Dec. 9, 2010			
53. Title of Certifier Deputy Coroner		54. License Number		55. Coroner File Number				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature X 								58. Date Received (mm/dd/yyyy) DEC 10 2010			
59. Amendments											



DOH/CHS 003 Rev. 07/06/07
DOH/CHS 003 (5/99)