AFN #2014002252 Recorded 12/22/2014 at 10:00 AM DocType: DEED Filed by: SUSAN GROVER Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

Filed for Record at the Request of:
KAREN C. KOEHMSTEDT,
ATTORNEY AT LAW, P.S.

After Recording, please Mail to:
Karen C. Koehmstedt, Attorney at Law, P.S.
6601 West Deschutes, Suite A
Kennewick, WA 99336

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
31004
DEC 22 2014
PAID Exempt
SKAMANIA COUNTY TREASURER

QUIT CLAIM DEED

THE GRANTOR **Charles Grover,** for and in consideration of a dissolution of marriage, conveys and quit claims to **Susan Grover** all interests in the following described real estate situated at 11 Rosenbach Lane, in the City of Carson, County of Skamania, State of Washington, and the mobile home attached thereto, including any interest therein which the Grantor may hereafter acquire:

LEGAL DESCRIPTION: Lot 7 Rosenbach Plat Reserve a Life Estate to Dona J Grover
Removing life estate of Dona J Grover

Skamania County Assessor
Date 12-22-14 Parcel# 3-8-21-2-0-2902
KM

TAX PARCEL NO(s): 03082120290200

Dated this 14th day of November, 2014

Grantor: Charles Grover

STATE OF WASHINGTON)
)ss.
COUNTY OF BENTON)

I certify that I know or have satisfactory evidence that Charles Grover is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 14 day of November, 2014.

PATRICIA J CHVATAL NOTARY PUBLIC 11-18-17 STATE OF WASHINGTON

Print Name Patricia J. Chvatal
Notary Public in and for the State of Washington
My commission expires: Nov 18, 2017

12/22/2014 10:01 5413867380 ANDERSONS PAGE 01/01

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

637121
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS 136-

CERTIFICATE OF DEATH

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKA's, if any) — First: Dona Middle: Jean Last: Grover Suffix:
2. Death Date (MON DD YYYY): May 2, 2013
3. Sex (M/F): female
4a. Age - Last Birthday: 82
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: 506-30-1858
6. County of Death: Hood River
7. Birthdate (MON DD YYYY): Nov. 19, 1930
8a. Birthplace (City/Town, or County):
8b. (State or Foreign Country): Nebraska
9. Decedent's Education: Associates 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? ☐ Yes ☒ No
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 6): 2450 May Street
14. City/Town: Hood River
15. Residence County: Hood River
16. State or Foreign Country: Oregon
17. Zip Code + 4: 97031
18. Inside City Limits? ☒ Yes ☐ No ☐ Unknown
19. Marital Status at Time of Death: Widowed
20. Spouse's Name (If married or widowed, give name prior to first marriage): Charles D. Grover, Sr.
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED.): Owner / Operator
22. Kind of Business/Industry (DO NOT USE COMPANY NAME): Beauty Salon
23. Father's Name (First, Middle, Last, Suffix): Theodore Klein
24. Mother's Name Prior to First Marriage (First, Middle, Last): Goldie E. Zimmerle
25. Informant's Name: Charles Grover
26. Telephone Number: (509)783-1263
27. Relation to Decedent: son
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): 506 S. Harrison St., Kennewick, WA 99336
29. Place of Death: Emergency Room
30. Facility Name: Providence Hood River Memorial Hospital
31. Location of Death (Give address): 13th & May Streets
32. City/Town or Location of Death: Hood River
33. State: OR
34. Zip Code + 4: 97031
35. Method of Disposition: cremation
36. Place of Disposition (Name of cemetery, crematory, or other place): Columbia Gorge Cremation
37. Location: Hood River, Oregon
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Anderson's Tribute Center, 1401 Belmont Avenue, Hood River, Oregon 97031
39. Date of Disposition (MON DD YYYY): May 4, 2013
40. Funeral Director's Signature: [signature]
41. OR License Number: 3807
42. Registrar's Signature: Maria C. Santiago [signature]
43. Date Received (MON DD YYYY): MAY 10 2013
44. Local File Number: 053 - 2013
45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☒ Yes ☐ No
47. Autopsy? ☐ Yes ☒ No
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☒ No
49. Time of Death: 2350

CAUSE OF DEATH (See instructions and examples.)

50. 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.

Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓	a. Cardiogenic shock	~12 hrs
Due to (or as a consequence of) ↓	b. possible ischemic bowel / bowel obstruction	
Due to (or as a consequence of) ↓	c. and/or myocardial infarction	
Due to (or as a consequence of) ↓	d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Asthma, COPD, diabetes, peripheral vascular disease
52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. If Female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
55. Date of Injury (MON DD YYYY):
56. Time of Injury:
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
58. Injury at Work? ☐ Yes ☐ No ☐ Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4):
60. Describe how injury occurred.
61. If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4): 212 Skyline Rd White Salmon WA 98672
63. Name and Title of Attending Physician if Other than Certifier
64. Title of Certifier: Family nurse practitioner
65. License Number: WA AP30005441
66. Date Certified (MON DD YYYY): 5/3/13
67. Medical Certifier – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. [signature]
68. Medical Examiner – 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.
69. Record Amendment

ORIGINAL - VITAL RECORDS COPY

45-2 (01/...)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: MAY 13 2013

Jennifer A. Woodward [signature]
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR