

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

31090
FEB 26 2015

PAID Kempt
of Skamania
SKAMANIA COUNTY TREASURER

Recording requested by: _____ Space above reserved for use by Recorder's Office
When recorded, mail to: _____ Document prepared by: _____
Name: William S. Snow Name _____
Address: 322 Deville Rd Address _____
City/State/Zip: SKAMANIA WA 98648 City/State/Zip _____
Property Tax Parcel/Account Number: 02063200020500 (u)

Quitclaim Deed

This Quitclaim Deed is made on April 28, 2012, between
Roger S. Snow, Grantor, of 322 Deville Road
_____, City of SKAMANIA, State of WASHINGTON,
and William S + Cheryl R. Forster-Snow Grantee, of 322 Deville Road
Snow, City of SKAMANIA, State of WASHINGTON JOINT W/RIGHT OF SURVIVORSHIP

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by
the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs
and assigns, to have and hold forever, located at 322 Deville Road
_____, City of SKAMANIA, State of WASHINGTON:

A TRACT OF LAND IN THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER
OF SECTION 32, TOWNSHIP 2 NORTH, RANGE 6 EAST OF THE WILLAMETTE
MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON,
described as follows: Lot 1 of Short Plats, Recorded in Book "3" of Short
Plats, Page 145, Records of Skamania County, Washington
Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of 2012 shall be prorated between the Grantor and Grantee as of the date of
recording of this deed.

Skamania County Assessor
Date 2-26-15 Parcel # 2-6-32-205 ★ NOVA Quitclaim Deed Pg.1 (07-09)
(u)

Dated: 4-28-12

[Signature]
Signature of Grantor

Roger S Snow
Name of Grantor

[Signature]
Signature of Witness #1

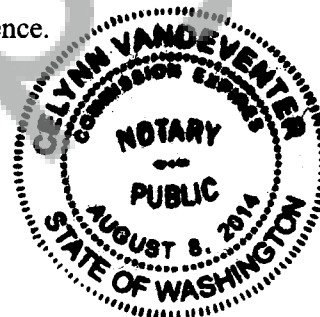
Michelle L Stewart
Printed Name of Witness #1

[Signature]
Signature of Witness #2

Alisa Garlington
Printed Name of Witness #2

State of WA County of Klickitat
On April 28th 2012, the Grantor, ROGER S SNOW,
personally came before me and, being duly sworn, did state and prove that he/she is the person described
in the above document and that he/she signed the above document in my presence.

[Signature]
Notary Signature



Notary Public,
In and for the County of Klickitat State of WA
My commission expires: 8/8/14 Seal

Send all tax statements to Grantee.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 2613-1090				Washington State Certificate of Death				State File Number			
1. Legal Name (include AKA's if any) First Middle LAST Suffix Roger Stanton Snow				2. Death Date July 22, 2013							
3. Sex (M/F) Male		4a. Age Last Birthday 72		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number		6. County of Death Klickitat	
7. Birthdate March 26, 1941		8a. Birthplace (City, Town, or County) Minneapolis		8b. (State or Foreign Country) Minnesota		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.) 10 Oak Leaf Lane								13b. City or Town White Salmon			
13c. Residence: County Klickitat		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98672		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 20 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)) Truck Driver				18. Kind of Business/Industry (Do not use Company Name) Timber							
19. Father's Name (First, Middle, Last, Suffix) Vernon Stanton Snow				20. Mother's Name Before First Marriage (First, Middle, Last) Eva Mae Rogers							
21. Informant's Name Cliff Creighton		22. Relationship to Decedent Brother		23. Mailing Address: Number and Street or RFD No. City or Town. State Zip 2335 NE Poynter St. Hillsboro, OR 97124							
24. Place of Death, if Death Occurred in a Hospital: 10 Oak Leaf Lane				25. Facility Name (If not a facility, give number & street or location) 10 Oak Leaf Lane							
26a. City, Town, or Location of Death White Salmon				26b. State WA		27. Zip Code 98672					
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 July 27, 2013							
33. Funeral Director Signature <i>[Signature]</i>											
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) → <u>Chronic Obstructive Lung Disease</u> Interval between Onset & Death: <u>YEARS</u> 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 Interval between Onset & Death: Interval between Onset & Death: Interval between Onset & Death: 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 checked="" type="checkbox"/> Yes <input 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 and due to the cause(s) and manner stated. <i>Ray Fitzsimmons 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.							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Raymond Fitzsimmons POBox 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 1100				51. Name and Title of Attending Physician if other than Certifier (Type or Print)			
52. Date Signed (mm/dd/yyyy) 07/23/2013		53. Title of Certifier MD		54. License Number 00019686		55. File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) JUL 25 2013				59. Amendments			