

**WHEN RECORDED RETURN TO:**  
Richard L. Sweeney  
19776 SE Stark Spce 39  
Portland, OR 97233

**DOCUMENT TITLE(S)**  
Death Certificates

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**  
George A. Sweeney + Anna Electa Sweeney

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**  
The Public

☐ Additional names on page \_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):  
See attached

☒ Complete legal on page 4 of document.

**TAX PARCEL NUMBER(S):**  
03-08-30-0-0-0300-01

Skamania County Assessor  
Date 3-12-15 Parcel 03-08-30-0-0300-01  
Ym 0300-01

☐ 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  
REAL ESTATE EXCISE TAX  
N/A  
MAR 16 2015

PAID N/A  
[Signature] Deputy  
SKAMANIA COUNTY TREASURER

## CERTIFICATION OF VITAL RECORD

LOCAL REGISTRAR'S NUMBER 2335		STANDARD CERTIFICATE OF DEATH		STATE OF OREGON BOARD OF HEALTH -- PORTLAND PUBLIC HEALTH SERVICE		STATE FILE NO. 967 007316 DATE RECEIVED MAY 23 1967	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Anna	Middle Electa	Last Sweeney			
2. PLACE OF DEATH A. COUNTY Multnomah		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Multnomah					
B. CITY, TOWN, OR LOCATION Portland		C. LENGTH OF STAY IN 28 36 yrs.		C. CITY, TOWN OR LOCATION Portland			
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Holladay Park		D. STREET ADDRESS, RURAL/ROUTE, ETC. 355 N.E. 108th Place					
4. DATE OF DEATH Month 5 Day 14 Year 67		5. SEX F		6. COLOR OR RACE W		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO. 542-12-3098 B		9. USUAL OCCUPATION (Kind of work done during most of life) Housewife		10. KIND OF BUSINESS OR INDUSTRY At Home		11. NAME OF SPOUSE George A. Sweeney	
12. DATE OF BIRTH Month 6 Day 22 Year 90		13. AGE LAST BIRTHDAY 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HOURS Hours Minutes	
14. BIRTHPLACE (State or Foreign Country) Vancouver, Wash.		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Foreign Country Name of Country		16. IF DECEASED WAS A VETERAN, WHAT WART None			
17. NAME OF FATHER Samuel McCafferty		18. MAIDEN NAME OF MOTHER Mary Hathaway		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED George Sweeney, husband			
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): <i>generalized peritonitis</i> DUE TO (B): <i>hemodialysis</i> DUE TO (C): <i>Aspirated ulcer &amp; Perforated</i> PART II: Other Significant Conditions contributing to Death but not related to the immediate cause or condition given in Part I (a):							
21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Street, etc.)		25B. City County State	
26. TIME OF INJURY Hour Minute P.M.		27. DESCRIBE HOW INJURY OCCURRED.					
28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from or on <i>23 April 67</i> to <i>14 May 67</i> and that the death occurred at <i>8:50A</i> from the causes and on the date stated above. <i>A. Woodard mo</i> (Signature) <i>3417 N.E. 73 Ave.</i> (Address) <i>15 May 67</i> (Date Signed)							
29. RESERVED FOR REGISTRAR'S USE							
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other		30B. DATE 5-17-67		30C. NAME OF CREMATORY OR CEMETERY Oddfellows		30D. LOCATION (City or Town) State Stevenson Wash	
31. DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1967		32. REGISTRAR'S SIGNATURE <i>John L. Woodward</i>		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Carl J. Wood</i> The Little Chapel of the Chimes, Portland			

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: JAN 07 2008

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AMERICAN EMBLEM COMPANY





## CERTIFICATION OF VITAL RECORD

STATE OF OREGON—STATE BOARD OF HEALTH  
Vital Statistics Section

'71-011131

3763

Local File Number

## CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First Middle Last GEORGE A SWEENEY			2. DATE OF DEATH (month, day, yr...) July 15, 1971		
3. RACE White, Negro, American Indian, etc. (specify) White		4. SEX Male	5a. AGE—Last birthday (years) 88 yrs.	5b. Under 1 year most. days	5c. Under 1 day hours min.
6. COUNTY OF DEATH Multnomah		7a. CITY, TOWN, OR LOCATION OF DEATH Portland		7b. Inside City Limits (specify yes or no) No	
8. STATE OF BIRTH (If not in U.S.A., name country) Kansas		9. CITIZEN OF WHAT COUNTRY U.S.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	
11. SOCIAL SECURITY NUMBER [REDACTED]		12. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Self employed - Owner		13. KIND OF BUSINESS OR INDUSTRY Cedar Shade Trailer Court	
14a. RESIDENCE—STATE Oregon		14b. COUNTY Multnomah	14c. CITY, TOWN, OR LOCATION Portland	14d. Inside City Limits (specify yes or no) NO	14e. STREET AND NUMBER OF 108th Pl. 355 N.E. 108th
15. FATHER—NAME First middle last John F. Sweeney		16. MOTHER—Maiden Name First middle last Mary Elizabeth Handrub		17. INFORMANT—NAME and relationship to deceased Byron H. Sweeney, Son	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))					
18. Immediate cause (a) <i>Intermittent Heart Disease</i> due to, or as a consequence of: (b) <i>Arteriosclerosis</i> due to, or as a consequence of: (c) <i>Chronic myocardial infarction</i>					
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) AUTOPSY (yes or no) 19a. NO IF YES were findings considered in determining cause of death 19b.					
20a. ACCIDENT (specify yes or no) 13		20b. DATE OF INJURY (month, day, year) 6-63		20c. HOUR 5-21	
20d. INJURY AT WORK (specify yes or no)		20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) [REDACTED]		20f. LOCATION (street or R.F.D. No., city or town, county, state) [REDACTED]	
21. CERTIFICATION—PHYSICIAN: I attended the deceased from month day year 6-63		22. NAME (type or print) Gloria A. Edgerton, M.D.		23. DEATH OCCURRED (hour) 4:25 P	
24. PHYSICIAN—SIGNATURE [Signature]		25. NAME (type or print) Gloria A. Edgerton, M.D.		26. DATE SIGNED (month, day, year) 7-16-71	
27. MAILING ADDRESS—PHYSICIAN: 5835 N.E. Alameda, Portland, OR 97213		28. CEMETERY OR CREMATORY—NAME I.O.O.F. Cemetery		29. LOCATION city or town state Stevenson, Wash.	
30. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		31. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) The Gateway Little Chapel of the Chimes, Portland, Oreg.		32. DATE RECEIVED BY LOCAL REGISTRAR JUL 19 1971	
33. REGISTRAR—SIGNATURE [Signature]		34. DATE RECEIVED BY STATE REGISTRAR JUL 27 1971		35. RESERVED FOR REGISTRAR'S USE	
36. Item #14 a. Corrected per supplemental 7/19/71 [Signature]					

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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

JAN 07 2008

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

48871

WARRANTY DEED

39 476

KNOW ALL MEN BY THESE PRESENTS, That George A Sweeney and wife Anna E. Sweeney, husband and wife, grantors, in consideration of One Thousand Dollars (\$1,000.00) to us in hand paid by Roy V. Leonard, grantee, do hereby grant, bargain, sell and convey unto the said ROY V. LEONARD; his heirs and assigns, all the following real property, with the tenements, hereditaments and appurtenances, situated in the County of Skamania and State of Washington, bounded and described as follows:

The West half of the southeast quarter (W $\frac{1}{2}$  of SE $\frac{1}{4}$ ) of Section 30, Township 3 North, Range 8 East, W. M., and

an easement for private right of way, for a period of twenty (20) years from date hereof, for hauling of timber and/or timber products from said 80 acres to the public highway, in over and across the Northwest quarter of northeast quarter (NW $\frac{1}{4}$  of NE $\frac{1}{4}$ ) of Section 31, Township 3 North, Range 8 East, W.M.,

Reserving and excepting however from all of said lands the Minerals and mining rights.

TO HAVE AND TO HOLD the above described and granted 80 acres unto the said grantee, his heirs and assigns forever, and the above described and granted roadway easement for a term of 20 years to the said grantee, his heirs and assigns.

And, we the grantors, covenant that we are lawfully seized in fee simple of said premises free from all encumbrances and that we will and our heirs, executors and administrators, shall warrant and forever defend the said premises, and every part and parcel thereof, against the lawful claims and demands of all persons whomsoever.

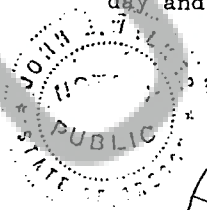
WITNESS our hands and seals this 8 day of June, 1955.

George A. Sweeney (Seal)  
Anna E. Sweeney (Seal)

STATE OF OREGON )  
County of Multnomah )ss

On this 8 day of June, 1955, before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named George A. Sweeney and Anna E. Sweeney who are known to me to be the identical individuals described in and who executed the within instrument and acknowledged to me that they executed the same freely and voluntarily. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal the day and year last above written.

John L. ...  
Notary Public for Oregon  
My commission expires 12/13/57



NO  
S  
T  
A COUNTY  
SACTION EXCISE TAX  
PAID JUN 22 1955  
AMOUNT \$10.00  
COUNTY EASURER  
BY ...