WHEN RECORDED RETURN TO: SKAMANIA COUNTY REAL ESTATE EXCISE TAX Tish Tugaw 822 Nevada Drive Longview, WA 98632 MAY 2 7 2015 **DOCUMENT TITLE(S) DEATH CERTIFICATE REFERENCE NUMBER(S)** of Documents assigned or released:] Additional numbers on page _____ of document. GRANTOR(S): **LESTER J. TUGAW**] Additional names on page _ of document. GRANTEE(S): PATRICIA D. TUGAW] 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):

[] 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

AFN #2015000991 Recorded 05/27/2015 at 03:54 PM DocType: DEATH Filed by: TISH

TUGAW Page: 1 of 7 Auditor Robert J. Waymire Skamania County, WA

07-06-08-2-0-2100-00

verify the accuracy or completeness of the indexing information.

AFN #2015000991 Page: 2 of 7

LESTER JOSEPR TUGAW July 25, 2012 S. Sew (NeT) Per App - Lest demonst (by Lyder LYger No. 1994) Maile Demonstrate the season of the App - Lest demonst (by Lyder LYger No. 1994) Maile Demonstrate the State of Protein Congress (by Lyder LYger No. 1994) Joseph S. Sew (NeT) Per App - Lest demonstrate (by Lyder LYger No. 1994) Joseph S. Sew (NeT) Per App - Lest demonstrate (by Lyder LYger No. 1994) Joseph S. Sew (NeT) Per App - Lest demonstrate (by Lyder LYger No. 1994) Joseph S. Sew (NeT) Per App - Lest demonstrate (by Lyder Lyger No. 1994) Joseph S. Sew (NeT) Per App - Lest demonstrate (by Lyder Lyger No. 1994) Joseph S. Sew (NeT) Per App - Lest demonstrate (by Lyder Lyger Lyder Lyger No. 1994) Joseph S. Sew (NeT) Per App - Lest demonstrate (by Lyder Lyger Lyder			× 40-4	40-ath		
S. Say, Rey Sea Appa - Last timebre Hi. Upder Year Maile 70 Months Months Core Maile 70 Months Months Core Maile 70 Months Months Core Maile 70 Months Core Maile 70 Months Months 70 Mo	the state of the s		e Ceruncate		State File Number	
Malle 70 service Covery Service Cove	LESTER	JOSEPH TUGAW		22 12		
T. Birthridae Jan. 17, 1942 Olympia 16. Was Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Decodent of Hispanic Cright (free or lot) yes, speech 18. Subting Spoush or Connected Particle And Decoder of Hispanic Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Particle Cright (free or lot) 18. Subting Spoush or Connected Particle And Particle Cright (free or lot) 18. Part					Simpler	
18. Was Deposited of Reports Crigatin (free in No. 15 per se, specify No. 16 N						luate
13.2. Recidence Number and Street (e.g., cst 65 # 81) (locates Apt No.) 3.2. Neverada Drive 13.6. Residence. County 13.4. This Reservation Name of application 13.2. Recidence County 13.4. This Reservation Name of application 13.2. Never and the street of the street o	10. Was Decedent of Hispanic Origin? (Y		11. Decedent's			12 Was Decadent ever in
Title Reservation Title Teacher Title	13a. Residence: Number and Street (e.g.,	, 624 SE 5 th St.) (include Apt. No.)	WILLE		1	Town
16. Equipment length of time at residence. 15. Martins Status at Time of Doeth 16. Surviving Spouse's of Domestic Petroler's Name (new name porce to feat martings) 17. Usual Occupation (inclease Spee of work down during most of working life. (no work use increase). 18. Third of Business/Industry (Do not use Company Neme) 18. The Company of Status at Time of Doeth 17. What I Patrication 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Before Pirst Marrings Pres, Notice, Lest; 19. Notifier's Name Press of Death, Death Occurred in a Heaptist Spouse Spouse Spouse Press Name Press Name Press of Death, Death Occurred Somewhere Other Press Press Press Name Press	13c. Residence: County 13d	Tribal Reservation Name (if application)			13f. Zip Code +	+ 4 13g. Inside City Limits
17. Usual Cocquisition Indexists byte of work show during size (to work use interest, 18. Kind of Businessification (Indexist) (Do not use Company Name) When I and the state of the state	14. Estimated length of time at residence		eth 16. Survivi	ing Spouse's or Domestic	Partner's Name (Give n	
Owner/Operator 19 Farman consulated, Last, Safth) Archie, B. Tugaw Pattricia D. Tug						Name)
Pauline Thompson Pauline	Owner/Operator			Metal Fabrica	tion	
Patricia D. Tugaw 2. Fleor of Dear Town Courney in a Heaptac 2. Fleor of Dear Town Courney in a Heaptac 2. Fleor of Dear Town Courney in a Heaptac 2. Fleor of Dear Town Courney in a Heaptac 2. Fleor of Dear Town Courney in a Heaptac 2. Fleor of Dear Town Courney in a Heaptac 2. Method of Disposition 3. Fundamental Disposition (Method of Disposition) 3. Method of Disposition (Method	Archie B. Tugaw			Pauline Thom	pson	
Hospice Inpatient Room 105 28. Earlify Name (if not a facility, give number & street or location) Best City Town, or Location of Death 28. State 27. Zip Code 128. Method of Disposition 28. Place of Final Disposition (Name of cometers remainly, other place) 129. Name and Complete Address of Funeral Facility Vancourery Vancourery Vancourery Value Value Value Value Value Value Value Value Vancourery Value	Patricia D. Tugaw	Spouse	822 Ne	vada Drive Lo	ngview, WA 🗐	8632
28. Method of Disposition 29. Place of Final Disposition (Name of Generatory 29. Method of Disposition 29. Dis	324. Place of Death, if Death Occurred in a Hosp	pital:	•	Hospice Inp	atient Room	105
28. Nethod of Disposition 28. Piece of Final Disposition (passed conversor commency, other place) 30. Location-CopyTown, and Sinte Lower Columbia Crematory Warriage W		er & street or location)				E E
33. Funeral Director Signature X Columbia Franceral Service 1105 Maple St. Longview, WA 98632 27 July 2012	28. Method of Disposition			remiatory, other place)	30. Location-Ci	ity/Town, and State
Cause of Death (See first functions and examples) 34. Enter the chain of assents—diseases. Inhufes. or complications—that diseases inhufes are complications—that diseases inhufes are complications—that diseases in free-bases. Inhufes are complications—that diseases or condition resulting in death) 35. Enter the condition resulting in death) 36. Enter that that conditions, if any, leading but not contributing in the cause istated on line a. Enter the UNDERN TING CAUSE (disease or injury but inditioned the events resulting in the cause istated on lines. Enter the UNDERN TING CAUSE (disease or injury but inditioned the events resulting in the cause istated on lines. Enter the UNDERN TING CAUSE (disease or injury but inditioned the events resulting in the cause fixed on lines are consequence of): 36. Other significant conditions contributing to death but not resulting in the underlying cause given above 37. Other significant conditions contributing to death but not resulting in the underlying cause given above 38. Manner of Death 39. Not pregnant within pass year Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant within 42 days before death Not beginned to death or injury execution of injury (see Pending) 40. Did tobaccouse contribution to death) 41. Date of Injury peaceonmy 42. Hour of Injury (sees) 43. Place of Injury (see, Deceder's home, construction site, restaurant, wooded area M. Did tobaccouse contribution injury, specility Pedestrian Pedestrian	31. Name and Complete Address of Fund	eral Facility	-			32. Date of Disposition
Due to (or as a consequence of): Interval between Onset & Sequentially list conditions, if any, leading Due to (or as a consequence of): Interval between Onset & Interval b	缩	Muc 10	isber	- 4	. " //	100
The tritisted the events resulting in the underlying cause given above St. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy findings available complete the Cause of Poeth? Yes No Yes No Yes No Yes No Yes No No Yes No Yes	Signal Control of the	Cause of complications - that discretely. DO NOT ABBREVIATE.	of Death (See Instri iractly caused th . Add additional	auctions and examples) a death DO NOT enter to lines if necessary.	eminal ovents such as	cardiac urrest, respiratory arrest, Interval between Onset &
The tintisted the events resulting in the underlying cause given above St. Other significant conditions contributing to death but not resulting in the underlying cause given above St. Autopsy? St. Were autopsy findings available complete the Cause of Poeth? Yes No Yes No Yes No Yes No Yes No No Yes No Yes No Yes No No Yes No Yes No Yes No No No No No No No N	IMMEDIATE CAUSE (Final disease or condition resulting in death) →	irluries or complications - that disables of oldogy. DO NOT ABBREVIATE.	irectly caused the Add additional Due to (or	a death DO NOT enter to lines if necessary. Mg - Non s as a consequence of):	eminal overthe such wa	Interval between Onset &
d. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy findings available 37. Were autopsy findings available 38. If female 49. Did tobacco use contributing to death 49. Did tobacco use contributing 49. Did tobacco use contribution 49. Did to death 49. Did t	IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, if any, leading to the cause listed on line a. Enter the	e diology. DO NOT ABBREVIATE. E. Lung C. B. Mul.	irectly caused the Add additional Due to (or	a death DO NOT enter to lines if necessary. Mg - Non s as a consequence of):	mirai ovente such va sms// 2e/	Interval between Onset &
Yes No No Other Cause of Peath?	IMMEDIATE CAUSE (Final disease or condition resulting in 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	s irludes or complications - that disciplinate of the storage of t	inectly caused the Add additional Due to (or	and a consequence of):	eminal ovents such as	Interval between Onset & Interval between Onset & Interval between Onset &
Natural Homicide	IMMEDIATE CAUSE (Final disease or condition resulting in 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	s. Inhuries, or complications thet diseriology. DO NOT ABBREVIATE. a	Add additional Due to (or	and a description of the consequence of: A A A A	mirai ovente such vis	Interval between Onset & Interval between Onset & Interval between Onset &
Accident Undetermined Pregnant at time of death Not pregnant 43 days to 1 year before death Yes Probably Unknown if pregnant within the past year 1. Dete of Injury (swoommy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction elts, restaurant, wooded area) 44. Injury at Work? Yes No Unknown if pregnant within the past year 45. Location of Injury: Number & Street: Apt No. Unknown if pregnant within the past year 46. Describe how injury occurred 47. If transportation injury, specify: 46. Describe how injury occurred 47. If transportation injury, specify: 48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and during the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of examination endirg investigation, in my place and during the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of examination endirg investigation, in my place and during ender investigation, in my place and during ender investigation. 48b. Medical Examiner/Coroner - On the basis of examination endirg investigation in my place and during ender investigation. 48b. Medical Examiner/Coroner - On the basis of examination endirg investigation. 48b. Medical Examiner/Coroner - On the basis of examination endirg investigation. 48b. Medical Examiner/Coroner - On the basis of examination endirg investigation. 48b. Medical Examiner of the basis of examination endirg investigation. 48b. Medical Examiner of the basis of examination of the cause(s) and manner stated. 48b. Medical Examiner of the basis of examination end in my supplication in my place and during end in my supplication in my place and during end in my supplication in my place and during end in my supplication in my place and during end in my supplication in my place and during end in my supplication in my place and during end in my supplication in my supplication in my supplication in my supplication in my supp	IMMEDIATE CAUSE (Final disease or condition resulting in 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	s. Inhuries, or complications thet diseriology. DO NOT ABBREVIATE. a	Add additional Due to (or	and a description of the consequence of: A A A A	36. Autopsy?	Interval between Onset & Interval between Onse
45. Location of Injury: Number & Street: 45. Location of Injury: Number & Street: 46. Describe how injury occurred 47. If transportation injury, specify: 48a. Certifying Physician-To the best of my knowledge, death occurred at the time, data, and place and duy to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of eventuation ending investigation, in my place and duy to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of eventuation ending investigation, in my place and duy to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of eventuation ending investigation, in my place and duy to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of eventuation ending investigation in my place and duy to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of eventuation ending investigation in my place and duy to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of eventuation ending investigation in my place and duy to the cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of eventuation end in my stage of the cause(s) and manner stated opinion, death occurred at the time, date and place and plac	IMMEDIATE CAUSE (Final disease or condition resulting in 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 35. Other significant conditions contributions.	s. Injuries, or complications - that diselections,	inactiv caused the Add additional Care Care Due to (or	as a consequence of):	36. Autopsy?	Interval between Onset & Interval between Onse
City or Town: County: State Zip Code+4: 246. Describe how injury occurred A7. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify) Passenger Other (Specify)	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause fisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST 35. Other significant conditions contributions. 38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending	g b	inactly caused the Add additional Add additional Due to for Due to	as a consequence of): and, but pregnant within 43 days if pregnant within the past	36. Autopsy? Yes No 2 days before death to 1 year before death year	Interval between Onset & Interval between Onse
47. If transportation injury, specify: Driver/Operator Pedestrian	IMMEDIATE CAUSE (Final disease or condition resulting in 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 35. Other significant conditions contributions. 38. Manner of Death	g b	inactly caused the Add additional Add additional Due to for Due to	as a consequence of): and, but pregnant within 43 days if pregnant within the past	36. Autopsy? Yes No 2 days before death to 1 year before death year	Interval between Onset & Interval between Onse
Passenger Other (Specify) 48a. Certifying Physician-To the best of my knowledge, death occurred at the time, data, and place and dy to be cause(s) and manner stated. 48b. Medical Examiner/Coroner - On the basis of examination end/or investigenon, in my opinion, death occurred at the time, date, and place, and place a	IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially llst 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 35. Other significant conditions contributions. 38. Manner of Death Hornicide Hornicide Pending 41. Date of Injury (MMDDMTY) 42.	s. Irludes, or complications that disellology. DO NOT ABBREVIATE. 8	inactly caused the Add additional Add additional Due to for Due to	adash DO NOT enter to lines if necessary. Mg	36. Autopsy? Yes No days before death to 1 year before death year elts, restaurant, wooded a	Interval between Onset & Interval between Onse
place and dividing cause(s) and manner stated. X 49. Name and Address of Certifier - Physician Medical Examiner or Corane (Lapper Physician Medical Examin	IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, if any, leading to the cause fisted on line a. Enter the UNDERLYING CAUSE (disease or injury that intilated the events resulting in death)LAST 35. Other significant conditions contributions. 38. Manner of Death Hornicide Accident Undetermined Suicide Pending 41. Date of Injury (MMDDTTT) 42.	s. Irludes, or complications that disellology. DO NOT ABBREVIATE. 8	inactly caused the Add additional Add additional Due to for Due to	adash DO NOT enter to lines if necessary. Mg	36. Autopsy? Yes No days before death to 1 year before death year site, restaurant, wooded a	Interval between Onset & Interval between Onse
49. Name and Address of Certifier - Physician, Medical Examiner or Corene (Live or Pins) Kelly G. Thurmon 1035 Sizh and Loview. WA 98632 51. Name and Title of Attending Physician if other than Certifier (Physician III) 53. Title of Certifier 54. License Number 56. Was case referred to ME/Coroner? 7/2 6/2 0/12 57. Was case referred to ME/Coroner?	IMMEDIATE CAUSE (Final disease or condition resulting in 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 35. Other significant conditions contributing in the cause listed in the conditions contributed in the conditions conditions contributed in the conditions conditions contributed in the conditions	g b	inactly caused the Add additional Add additional Due to (or Due to	adash DO NOT enter to lines if necessary. Mg	36. Autopsy? Yes No days before death to 1 year before death year ette, restaurant, wooded a	Interval between Onset & Interval between Onse
51. Name and Title of Attending Physician If other than Certifier Photo 52. Date Signed purposerry 7/2 6/2 0/2 53. Title of Certifier 54. License Number 56. Was case referred to ME/Coroner? Frustic, 23 M.D. 60082668 50. Me/Coroner?	immediate CAUSE (Final disease or condition resulting in 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 35. Other significant conditions contribution of the cause listed on the events resulting in death)LAST 38. Manner of Death	s. Irludes. or complications that disellology. DO NOT ABBREVIATE. a	inactly caused the Add additional Add additional Due to (or Due to	adash DO NOT enter to lines if necessary. Mg	36. Autopsy? Yes No days before death to 1 year before death to 1 year before death to 1 year persuant, wooded a life, restaurent, wooded a Passenger poner - On the basis of e	Interval between Onset & Interval between Onse
53. Title of Certifier 54. License Number 55. Was case referred to ME/Coroner? 12-485-C 大型 Yes 口 No	IMMEDIATE CAUSE (Final disease or condition resulting in 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 35. Other significant conditions contribution and the events resulting in death)LAST 38. Manner of Death Natural Hornicide Accident Undetermined Suicide Pending 41. Date of Injury (Number 2 Street City or Town: 46. Describe how injury occurred 48a. Certifying Physician-To the best of memory place and during the place and	s. Irludes, or complications - that diselections - that diselectio	inactly caused the Add additional Add additional Due to (or Due to	a death INC NOT enter to lines if necessary. In a sa consequence of): Sufficient of the same of the same consequence of): as a consequ	36. Autopsy? Yes No days before death to 1 year personal wooded a life transportation of the passenger proper - On the basis of a the time, date, and place	Interval between Onset & Interval between Onse
Fhusic, e. M.D. 60082666	IMMEDIATE CAUSE (Final disease or condition resulting in 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 35. Other significant conditions contributing in death)LAST 38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 41. Dete of Injury (MODDITY) 42. 45. Location of Injury: Number & Street City or Town: 46. Describe how injury occurred 49. Name and Address of Certifier - Phys Kelly G. Thurmon	g b	inactly caused the Add additional Add additional Due to (or Due to	a death INC NOT enter to lines if necessary. In a sa consequence of): Sufficient of the same of the same consequence of): as a consequ	36. Autopsy? Yes No A Yes No A A	Interval between Onset & Interval between Onse
	IMMEDIATE CAUSE (Final disease or condition resulting in 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 35. Other significant conditions contribution of the cause listed on the events resulting in death)LAST 38. Manner of Death	g b	inactly caused the Add additional Add additional Due to (or Due to	and the consequence of: as a consequence of: ant, but pregnant within 43 days if pregnant within the past recedent's home, construction State 8b. Medical Examiner/Copinion, death occurred at	36. Autopsy? Yes No days before death to 1 year before death to 1 year before death to 1 par before death to 1 par before death to 1 passenger 47. If transportation Passenger Foner - On the basis of a the time, date, and place	Interval between Onset & Interval between Onse
59. Amendments	IMMEDIATE CAUSE (Final disease or condition resulting in 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 35. Other significant conditions contribution of the cause listed on the events resulting in death)LAST 38. Manner of Death Natural	Liphules, or complications that de eliology. DO NOT ABBREVIATE. a	inactly caused the Add additional Add additional Due to (or Due to	adapth DO NOT enter to lines if necessary. A G	36. Autopsy? Yes No days before death to 1 year before death to 1 year before death to 1 par before death to 1 par before death to 1 passenger 47. If transportation Passenger Foner - On the basis of a the time, date, and place	Interval between Onset & Interval between Onse

AFN #2015000991 Page: 3 of 7

W Health			avit for				Center for Health Statistics P.O. Box 47814 Olympis, WA 98564-7814
v neum	This is a	legal Docu				ot alter.	(365) 236-4300
ate File Number	Fee Nun		TE OFFICE	Initials	Date		Affidavit Number
	Use the sec	lon below f	or request	ng any ch	anges on t	he record.	
ecord Type: 🔲 Birth	7	☐ Death		☐ Marri			solution
. Name on record:					Date of Ever		e of Event: (City or County)
. Father's Full Name (For	Birth)* (Husband for Ma	iriaga or Diseolut	ion) 5	. Mother's	Full Maiden	Name (For Birt	h)) (Wife for Marriage or Dissolution)
		e Record is	Incorrect or	Incomplet	e as follows	The True fact	le.
. Ine	Record now shows:		7			THE HUB IACL	13.
	antina ali ali antina di Carante del Caran	rodustriar unidak, manustakan dak (na taken)	S			and a proposition, was assisted to the 1800 the analysis of super-space space.	ran iyan kirin. — ari di mera dikabi samahan sa sakar da problem kerimin melili di kirin melind
0.	A Section of the Sect			1.			
G.				3.			
4. I represent the perso	n as: □ Sel f □ Funera	☐ Par ! Director		ardian ner (Specify)	🗀 Informa	ant Teleph	one Number:
declare under penalty of	f perjury under th	a laws of the	State of W	ashington	that the forg	oing is true a	nd correct.
5. Signature:		16 Date:	17. Addres	S:			
uroof. H. L. M. M. M. Centificates:	ertificate of Naturaliza lospital /Medical Reco ife Insurance Policy farriage/Divorce Reco	rd Military F Birth Red rd Passport	Record (DO-214 cord	,	Vote Alie We card	Registration Ca do not accept Dr or a hospital iss	Card (if it bears an effective date) ard (from and back) iver's License, Social Security ued decorative birth certificate.
to be Mary Ann Doe. Mar Child funder 18) Only parent(s) or legal gu Suardian must submit cer behalf of child(ren). Up to age one, the last no nother's maiden name, for combination of the two. A required. Frarent(s) may change the affidavit of correction. No To correct birth date, plac proof is required. This officiality cannot be	exactly the asserted fr y A. Doe or M. A. Doe ardien can change thr riffied court order givin ame of the child can be after a game a court or a child's first or middle proof is needed, a of hirth or parent's in used to add a father	ue fact(s). For does not prove birth certificate g them authorite changed once it on the certificate dered legal nationame by comparison one to a birth cert	example, if the athe name is to y to act on any me change is decumentary difficate. (Use ti	artidavit sav fary Ann Doe Adult I Only th If the fir ere reg If the fir proof a To corr docum Proof in within f	s the name is a 18 years profit a adult themsels st or middle namired. ast end/or middle namired. ast end/or middle re-required. ast birth date, pantary proof is a nust be five (or inverse of birth date). As years of birth date, pantary proof is a nust be five (or inverse of birth date).	Mary ARth Doe, the larth was can change me is absort, the ename is misse that of birth or prequired, more) years old th.	en the proof must show the name the birth certificate. ree pieces of documentary proof siled, two pieces of documentary prant's information, one or have been established
information The medical information (If it is less than sixty days	cause of death) may to from date of death pi	oe changed on! ease contact!!h	y by the certify e county healt!	ing physician 1 department	or the coroner where the dea	in edical examination of the mains	aka changas.
Personal fact(s) (ninor st To change the date or pia	pelling changes in nam	າe. date, or plac clution, the ວ່າກີ	ce of birth or re clant (marriage	siderice) may) or clerk of c	r be changed b wurt (dissolutio	y affidavit (with a in) must sign the	roof) by the person. affidavit. DOH/CHS 023a January 2012
		le.					DOM/GRO 9234 January 2012

Dr. Alan Memick, MD, MPH
Health Officer / Registrar
Cowlitz County Health Department
Longview, WA

CERTIFIED

WW00484572

JUL 3 0 2012

105297 BOOK 109 PAGE 782 THIS SPACE PROVIDED TO THE WAR HE USE Transamerica
Title Insurance Company Transamerica Title Insurance Services 88, HY En 6' El mer AUDITOR WIDE. FILED FOR RECORD AT REQUEST OF GARY M. OLSON WHEN RECORDED RETURN TO Lester J. Tugaw 822 N. Nevada Drive Longview, WA 98632 **Quit Claim Deed** Skamania Court THE GRANTOR, SPIRIT LAKE RELOCATION ASSOCIATION, a Washington non-profit 3 corporation, for and in consideration of settlement of condemnation action, conveys and quit claims to LESTER J. TUGAW and PATRICIA D. TUGAW, Skamania " the following described real estate, situated in the County of State of Washington, together with all after acquired title of the grantor(s) therein: Grands J. K By: Jul Lot 21; of 4-Peaks Subdivision, located in the Northwest Quarter of Section 8, Township 7 North, Range 6 East of the Willamette Meridian, according to the recorded Plat on file With Skamania County Auditor. SUBJECT TO right of way and easement of record. Skamania County Assessor Date 5-27-15 Parcel# 7-6-8-2-2160 12055 ALESTATE EXCISETAX 0.11 PAID Extende In Deputy May 17, 19 88 Dated SPIRIT LAKE RELOCATION ASSOCIATION (Individual) Robert A. Man (Individual) STATE OF WASHINGTON STATE OF WASHINGTON COUNTY OF COUNTY OF HAY
On this JAW day of HAY
before me, the understaned, a Notary Public in and for the B
ington, duly commissioned and sworn, personally appeared COUNTY OF. On this day personally appeared before me to me known to be the individual described in and who executed the within and foregoing instrument, ROBERT A MARTINCHARLES H. LONG to me known to be the President and S
respectively, of SPIRIT LAKE RELOCATION ASSOCIATION
the corporation that executed the foregoing isht much, and can
the said instrument to be the free and voluntery, it said seed it as
ation, for the uses and purposes therein magnitude and on article and acknowledged that . signed the same as free and voluntary act and deed, for the uses and purposes therein mentioned. each is authorized to execute the GIVEN under my band and official seal this g. day of S Witness my hand and official seal he Instable Vit S

Molece Public in and for the State of WashFiblies, residing at , Xhe Notary Public in and for the State of White residing at My commission expires: Mailed

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:	
That this agreement, made and entered into t	this 12th day of October , 19 73,
by and between Lester J. Tugaw	
and patricia D. Tugaw	, husband and wife,
	County, State of Washington, WITNESSETH
	on that each of said parties has for the other, and in ved by the parties hereto, it is hereby agreed, coven-
	I.
	scription whether real, personal or mixed and where- ed by them or either of them shall be considered and
That upon the death of either of the aforem herein defined shall immediately vest in fee si	II. entioned parties title to all community property as mple in the survivor of them.
IN WITNESS WHEREOF, the saidLest	er J. Tugaw
andpatricia D. Tugaw	have hereunto set their hands
and seals this day of October	Lester D. Tugar (SEAL) Datuar D. Tugar (SEAL)
STATE OF WASHINGTON, County of Cowlitz	ss.
This is to certify that on this day	of
wm. A. presnell	a Notary Public in and for the State of Washington
iuly commissioned and sworn, personally came_	
. natricia n. mugaw	husband and wife, to me known to be the individuals

	ofCounty, State of Washington, WITNESSET
	That, in consideration of the love and affection that each of said parties has for the other, and consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, coveranted, and promised.
	I.
s. Ng r St j	That all property of whatsoever nature or description whether real, personal or mixed and whe soever situated now owned or hereafter acquired by them or either of them shall be considered a is hereby declared to be community property.
	$oldsymbol{H_{oldsymbol{i}}}$, which is the state of
	$oldsymbol{arphi}$
	That upon the death of either of the aforementioned parties title to all community property herein defined shall immediately vest in fee simple in the survivor of them.
	nerem defined shall immediately best in fee simple in the survivor of them.
	nerem adjuted state intinediately best in jee simple in the survivor of them.
	IN WITNESS WHEREOF, the said Lester J. Tugaw
	IN WITNESS WHEREOF, the said Lester J. Tugaw
	IN WITNESS WHEREOF, the saidLester_j. Tugaw andPatricia D. Tugawhave hereunto set their har
	IN WITNESS WHEREOF, the said Lester J. Tugaw
	IN WITNESS WHEREOF, the saidLester_j. Tugaw andPatricia D. Tugawhave hereunto set their har
	IN WITNESS WHEREOF, the saidLester_j. Tugaw andPatricia D. Tugawhave hereunto set their har
	IN WITNESS WHEREOF, the saidLester_j. Tugaw andPatricia D. Tugawhave hereunto set their har
	IN WITNESS WHEREOF, the said Lester J. Tugaw and Patricia D. Tugaw have hereunto set their han and seals this day of October 19-73.
	IN WITNESS WHEREOF, the said Lester J. Tugaw and Patricia D. Tugaw have hereunto set their han and seals this day of October 19-73.
	IN WITNESS WHEREOF, the said Lester J. Tugaw and Patricia D. Tugaw have hereunto set their han and seals this day of October 19-73.
	IN WITNESS WHEREOF, the said Lester J. Tugaw and patricia D. Tugaw have hereunto set their han and seals this day of October 19.73. STATE OF WASHINGTON,
	IN WITNESS WHEREOF, the said Lester J. Tugaw and patricia D. Tugaw have hereunto set their han and seals this day of October 19.73. Later J. Lagran (SEAL STATE OF WASHINGTON, SS. County of Cowlitz
	IN WITNESS WHEREOF, the said Lester J. Tugaw and patricia D. Tugaw have hereunto set their hand and seals this day of October 19.73. STATE OF WASHINGTON, County of Cowlitz This late and the said Lester J. Tugaw have hereunto set their hand and seals this day of October 7.3
	IN WITNESS WHEREOF, the said Lester J. Tugaw and patricia D. Tugaw have hereunto set their han and seals this day of October 19.73. STATE OF WASHINGTON, County of Cowlitz This is to certify that on this day of October 19.73, before m
	IN WITNESS WHEREOF, the said Lester J. Tugaw and patricia D. Tugaw have hereunto set their hand and seals this day of October 19.73. STATE OF WASHINGTON, County of Cowlitz This late and the said Lester J. Tugaw have hereunto set their hand and seals this day of October 7.3

WITNESS my hand and official seal the day and year in this certificate first above written.

reled for Record 10-15 1973 9.02.7 4 19 1800 to of Jester & Mugan Bastary, Rep.

Washington Legel Blank Co., Bellevue, Wa. Form 83

mentioned.

AFN #2015000991 Page: 7 of 7

515 2924 \$ **€2.00**5-

Bang of Golden Con-