

When recorded return to:

Gloria J. Otto  
18916 NE 21<sup>st</sup> St.  
Vancouver, WA 98684  
(360)254-6081

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
32533  
APR 19 2017

PAID *Exempt*  
*Vicki Orellana, Treasurer*  
SKAMANIA COUNTY TREASURER

### QUIT CLAIM DEED

THE GRANTOR, GLORIA J. OTTO, successor trustee of the Oral O. O'Dell Living Trust hereby conveys and quitclaims to the GRANTEEES, GLORIA J. OTTO, married as her separate estate and ROBERT R. ODELL, married as his separate estate, tenancy in common each with ½ interest the following described real estate, located at 3207 Sunset Drive, North Bonneville, Skamania County, Washington 98739, under Tax Assessor Parcel # 02072042040700 *(initials)*

Legal Description: Lot 7 Windsong Estates # 2 BK B/PG 105 14,119 SQ FT 45.6241 N 121.9728 W

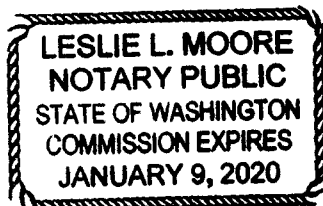
DATED this 19 day of April, 2017

*Gloria J. Otto*  
\_\_\_\_\_  
GLORIA J. OTTO

STATE OF WASHINGTON )  
:SS.  
COUNTY OF SKAMANIA )

On this day personally appeared before me GLORIA J. OTTO to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledge to me that she signed the same as her free and voluntary act and deed, for the uses and purposed therein mentioned.

GIVEN under my hand and official seal this 19<sup>th</sup> day of April, 2017.



*Leslie L. Moore*  
\_\_\_\_\_  
NOTARY PUBLIC in and for the State of,  
Washington, residing at Cason  
My Commission expires: 1-9-2020

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-013725

LOCAL FILE NUMBER: 4238

DATE ISSUED: 03/23/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ORAL OTHA  
LAST NAME(S): O'DELLCOUNTY OF DEATH: CLARK  
DATE OF DEATH: MARCH 21, 2017  
HOUR OF DEATH: 03:45 PM  
SEX: MALE AGE: 96 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: NOVEMBER 18, 1920  
BIRTHPLACE: TORRINGTON, WYOMINGMARITAL STATUS: MARRIED  
SPOUSE: DOROTHY ESTELLA HARRISOCCUPATION: SATERMAN  
INDUSTRY: PLYWOOD INDUSTRY  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: YESINFORMANT: DOROTHY O'DELL  
RELATIONSHIP: WIFE  
ADDRESS: 3207 SUNSET DRIVE NORTH BONNEVILLE WA 98639CAUSE OF DEATH:  
A: CARDIOPULMONARY ARREST

INTERVAL: SECONDS

B: STROKE

INTERVAL: HOURS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: PRESTIGE CARE  
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607RESIDENCE STREET: 3207 SUNSET DRIVE  
CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARSFATHER/PARENT: FLOYD O'DELL  
MOTHER/PARENT: HAZEL LUCINDA WADLEYMETHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: WASHOUGAL MEMORIAL CEMETERYCITY, STATE: WASHOUGAL, WASHINGTON  
DISPOSITION DATE: MARCH 27, 2017FUNERAL FACILITY: STRAUB'S FUNERAL HOME & COLUMBIA RIVER  
CREMATION  
ADDRESS: 325 NE THIRD AVE  
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607  
FUNERAL DIRECTOR: MICHELLE L. KINGMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: JEREMY J. CHRISMAN, DO  
TITLE: DO  
CERTIFIER ADDRESS: 700 NE 87TH AVENUE  
CITY, STATE, ZIP: VANCOUVER, WA 98664  
DATE SIGNED: MARCH 22, 2017CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: TARA  
DATE RECEIVED: MARCH 23, 2017DATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

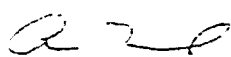
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

 <b>Affidavit for Correction</b>		Mail to: <b>Center for Health Statistics</b> P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
This is a legal document. Complete in ink and do not alter.			
STATE OFFICE USE ONLY			
State File Number	Fee Number	Initials	Date
			Affidavit Number
Required	Requirer's information must match current information on record		
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record:		2. Date of Event:
	3. Place of Event:		
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
	6. Name of Person Requesting Correction:    Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
	7. Return Mailing Address:		
Telephone Number:		Email Address:	
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:			
The record now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct			
16a. Signature:		16b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:		Date:	Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>			
<b>Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof</b>			
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:			
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record    • Military record (DD-214)    • School transcripts    • Social Security Numident Report</li> <li>• Certificate of Naturalization    • Hospital/medical record    • Passport    • Green/Permanent Resident card (I-551)</li> </ul>			
<b>Birth Certificates</b>			
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.			
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.			
3. Documentary proof must be five or more years old or established within five years of birth.			
<b>Child under 18</b>		<b>Adult (18 years or older)</b>	
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>		<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>	
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.			
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)			
<b>Death Certificates</b>			
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.			
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.			
<b>Marriage/Dissolution (Divorce) Certificates</b>			
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.			
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.			

DOH 422-034 October 2015

**CERTIFIED**

MAR 23 2017



 Alan Melnick  
 Health Officer

Clark County Public Health

 Certificate not valid unless the Seal of the State of  
 Washington changes color when heat applied.


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