

AFTER RECORDING MAIL TO:

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32762
AUG 30 2017

Name: iQ Credit Union

Address: P.O. Box 1739

City, State, Zip: Vancouver, WA 98668

PAID Exempt
Co deputy
SKAMANIA COUNTY TREASURER

QUIT CLAIM DEED

THE GRANTOR(S) Dennis Lee Taylor, subject to a life estate

for and in consideration of Clearing title- to remove life estate for Dennis Lee Taylor

conveys and quit claims to Brian Lee Taylor, a single person

the following described real estate, situated in the County of SKAMANIA, state of Washington,

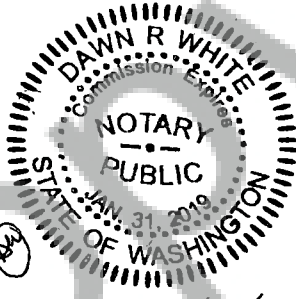
together with all after acquired title of the grantor (s) therein:

A TRACT OF LAND LOCATED IN THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 22, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:
LOT 3 OF THE WOODROW TAYLOR SHORT PLAT AS RECORDED IN BOOK 3 OF SHORT PLATS, PAGE 138, SKAMANIA COUNTY RECORDS.

Skamania County Assessor
Date 8-30-17 Parcel# 25-28-4-400

Assessor's Property Tax Parcel/Account Number: 02052240040000

Dated: 8.25.17



Dennis L. Taylor Brian L. Taylor

Dennis Lee Taylor Brian Lee Taylor

STATE OF Washington)
COUNTY OF Clark)-SS

I certify that I know or have satisfactory evidence that Dennis Lee Taylor and Brian Lee Taylor (is/are) the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated 8.25.17 Dawn R White

Notary Public in and for the state of Washington

My appointment expires: Jan. 31, 2019

403000

STATE OF WASHINGTON DEPARTMENT OF HEALTH

County: Benton
McKenzie County
Watson: 11. NE 51-54
Page: 1 of 1

Local File Number		Washington State Certificate of Death				State File Number	
2219							
1. Legal Name (include AKA's if any): First Middle LAST		2. Death Date					
Bernice Palma TAYLOR		Oct 14, 2010					
3. Sex (M/F)	4a. Age	4b. Last Birthday	4c. Under 1 Year	5. Social Security Number	6. County of Death		
F	91				Clark		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education			
Sept 14, 1919	Garrison County		North Dakota	Associate Degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)						13b. City or Town	
14662 Washougal River Road						Washougal	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)		13e. State of Foreign Country	13f. Zip Code +4	13g. Inside City Limits?		
Skamania			Washington	98671	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
49 Years		Widowed					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Homemaker				Own Home			
19. Father's Name (First, Middle, Last; Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Andrew Ekren				Pauline (Unknown)			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Dennis Taylor		Son		14792 Washougal River Road Washougal, Washington 98671			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
Hospice Facility				Ray Hickey Hospice House			
26a. City, Town, or Location of Death		26b. State		27. Zip Code			
Vancouver		WA		98661			
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Burial		Evergreen Memorial Gardens Cemetery		Vancouver, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Evergreen Memorial Gardens Funeral Chapel 1101 NE 112th Avenue Vancouver, WA 98684				Oct 21, 2010			
33. Funeral Director Signature X							
<p style="text-align: center;">Cause of Death (See instructions and examples)</p> <p>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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Aortic Stenosis Due to (or as a consequence of): Interval between Onset & Death: 75 years</p> <p>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. b. Congestive heart failure Due to (or as a consequence of): Interval between Onset & Death: 75 years</p> <p>c. Due to (or as a consequence of): Interval between Onset & Death:</p> <p>d. Due to (or as a consequence of): Interval between Onset & Death:</p>							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		<input 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 checked="" type="checkbox"/> Unk	
45. Location of Injury: Number & Street				46. Describe how injury occurred			
City or Town: County: State: Zip Code +4:				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:				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:			
x <i>[Signature]</i> anah Bean x							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
3240 NE 3rd Ave Camas, Washington 98607				1945			
52. Date Signed (MM/DD/YYYY)				53. Title of Certifier		54. License Number	
10-15-10				PA-C		PA 10004906	
55. ME/Coroner File Number				56. Was case referred to ME/Coroner?		57. Registrar Signature	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		x <i>[Signature]</i> x	
58. Date Received				59. Amendments			
OCT 18 2010							

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
The Record now shows: 6. 8. 10. 12.		The True fact is: 7. 9. 11. 13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:	16. Date:	17. Address:		
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an Insurance Records Birth Record effective date) Marriage/Divorce Records Passport Alien Registration Card (front and back)				
Birth Certificates: 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe. 3. Proof must be five (or more) years old or have been established within five years of birth. 4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. 5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). 6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
Death Certificates: 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates: 1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

CERTIFIED

Alan Melnick
Health Officer
Clark County Public Health

County Recorder
McKenzie Court.
Watford City, ND 58054

409886

TT00265053

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST		2. Death Date				9 48989	
Woodrow Isaac Taylor		March 12, 2009					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	91	Months	Days	534-10-1832	Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Nov. 1, 1917	Camas	Washington		Completed 7th Grade			
10. Was Decedent of Hispanic Origin? (Yes or No), if yes, specify		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?			
No		White		Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town			
14662 Washougal River Road				Washougal			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98671	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
48 Years		Married		Bernice Eikren			
17. Usual Occupation (Indicate type of work done during most of working life (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Machine Tender				Paper Mill			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Samuel Isaac Taylor				Elva Myrtle Slawson			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Bernice Taylor		Wife		14662 Washougal River Rd. Washougal, WA 98671			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code	
14662 Washougal River Road				Washougal	WA	98671	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Burial		Evergreen Memorial Gardens Cemetery		Vancouver, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Evergreen Memorial Gardens Funeral Chapel 1101 NE 112th Avenue Vancouver, WA 98684				March 18, 2009			
33. Funeral Director Signature X							
Cause of Death (See instructions and examples)							
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) → a. GUNSHOT WOUND TO THE HEAD							
Due to (or as a consequence of): IMMEDIATE							
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							
Due to (or as a consequence of):							
Due to (or as a consequence of):							
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 checked="" type="checkbox"/> No							
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death		<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Injury at Work?			
		<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
		<input type="checkbox"/> Unknown if pregnant within the past year					
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?	
03/12/2009		1320		DECEDENT'S HOME		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: 1466 WASHOUGAL RIVER RD							
City or Town: WASHOUGAL		County: SKAMANIA		State: WA		Zip Code + 4: 98671	
46. Describe how injury occurred: DECEDENT SHOT HIMSELF IN FOREHEAD WITH .32 PISTOL							
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.							
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.							
X							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
PO BOX 140, STEVENSON, WA 98649, Christopher R. Lanz						1320	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy)	
						03/17/2009	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
DEPUTY CORONER		24220		09-01693		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (mm/dd/yyyy)	
X						03/17/2009	
59. Amendments							

DOH/CHS 003 Rev 07/09/07

DOH 422-131 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required	Required 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: First Middle Last			2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	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: P.O. Box or Street Address City State Zip				
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 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- 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)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*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)

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

ISSUED

AUG 09 2017



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

Christie Spice



0 1 0 4 8 3 0 2