

When recorded please return to:

Shannon M. Brooks
5840 N. Commercial Ave.
Portland, Oregon 97217

33380
SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

JUL 25 2018

PAID Shannon M. Brooks
cg deputy
SKAMANIA COUNTY TREASURER

Quit Claim Deed

Grantor: Beverley K. Petrocelli

Grantee: Beverly K. Petrocelli Living Trust Dated February 13, 2014, Shannon M. Brooks, Trustee

On this day, March 19, 2014, for and in consideration of love and affection and other good and valuable consideration, the sufficiency and delivery of which is acknowledged, Grantor hereby quit claims, conveys, bargains and grants to the Grantee, the following described real estate, situated in Skamania County, Washington, together with all after acquired title of the Grantors herein:

Skamania County Assessor's Parcel Number: 03082941580000

Street Address: (Undeveloped lot located on Redwood St., Carson, Washington)

Short Legal: Lot 16, Columbia Heights, as recoded at Book A, Page 136 of the records of Skamania County, Washington.

Beverly K. Petrocelli
Beverley K. Petrocelli

Skamania County Assessor

Date 7-25-18 Parcel# 03-08-29-4-1-5800-00
sm

STATE OF WASHINGTON)

) ss.

COUNTY OF CLARK)

On this day personally appeared before me Beverley K. Petrocelli, to me known to be the individual described as Grantor who executed the within and foregoing "Quit Claim Deed" and acknowledged that she signed the same as her free and voluntary act and deed, for the purposes therein mentioned.

GIVEN under my hand and official seal on March 19, 2014

NOTARY PUBLIC in and for the State of Washington,
residing in Vancouver, Washington.
My commission expires 10/15/2014

Notary Public
State of Washington
Robert W Ives
Commission Expires 10-15-14


STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **910** Washington State Certificate of Death State File Number

1. Legal Name (Include AKAs if any): First Middle LAST Suffix Beverley Katherine Petrocelli		2. Death Date 03/31/2014	
3. Sex (M/F) F	4a. Age - Last Birthday 86	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
7. Birthdate 02/19/1928	8a. Birthplace (City, Town, or County) Aberdeen	8b. (State or Foreign Country) Washington	9. Decedent's Education: Some college credit
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.) 3821 NW McCann Road		13b. City or Town Vancouver	
13c. Residence: County Clark	13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington	13f. Zip Code + 4 98685
13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 5 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)) Pentagon/Embassy Employee		18. Kind of Business/Industry (Do not use Company Name) Federal Government	
19. Father's Name (First, Middle, Last, Suffix) Franklin Edward Brooks		20. Mother's Name Before First Marriage Margueriette Minerva Whelan	
21. Informant's Name Shannon Brooks	22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 5840 N Commercial Avenue, Portland, OR 97217	
24. Place of Death, if Death Occurred in a Hospital: Salmon Creek Best Seniors Care		25. Facility Name (If not a facility, give number & street or location) Salmon Creek Best Seniors Care	
26a. City, Town, or Location of Death Vancouver		26b. State WA	27. Zip Code 98665
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Cascade Cremation Center	
30. Location-City/Town, and State Tualatin, Oregon			
31. Name and Complete Address of Funeral Facility Crown Memorial Center 832 NE Broadway, Portland, OR 97232		32. Date of Disposition 04/04/2014	
33. Funeral Director Signature X <i>Samuel M. Williams</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) → a. Stroke Interval between Onset & Death: 3 weeks Due to (or as a consequence of): 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. c. d. Interval between Onset & Death: Due to (or as a consequence of): Interval between Onset & Death: Due to (or as a consequence of): Interval between Onset & Death: Due to (or as a consequence of): Interval between Onset & Death:			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Paroplegia, probable lymphoma		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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY) 04/02/2014	42. Hour of Injury (24hrs) 1030	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 1030	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street: City or Town: County: State: Apt. No. 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: x Sally Williams MD		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) Sally Williams 700 NE 87th Vancouver WA 98663		50. Hour of Death (24hrs) 1030	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) 04/02/2014	
53. Title of Certifier MD	54. License Number WA 31896	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature x		58. Date Received (MM/DD/YYYY) APR 08 2014	
59. Amendments AFC #20 LMO 05/12/2014			

DOH/CHS 003 March 2012


DOH-01-003 (7/13)

 Affidavit for Correction				Center for Health Statistics 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
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: First Middle Last			2. Date of Event:		3. Place of Event: City or County
4. Father/Parent Full Birth Name (For Birth) (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (For Birth) (Spouse B for Marriage or Dissolution)		
The record is incorrect or incomplete as follows:					
The record now shows:			The true fact is:		
6.			7.		
8.			9.		
10.			11.		
12.			13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant Telephone Number:					
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)					
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.					
15. Signature:		16. Date:		17. Address:	
(Printed Name)					
All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.					
Examples of acceptable documentary proof:		Birth Record Numident Report (Social Security Administration) Voter's Registration Card (if it bears an effective date) Certificate of Naturalization Marriage/Divorce Record School Transcripts (Official) Military Record (DD-214) Life Insurance Policy Alien Registration (front and back) Passport Hospital/Medical Record			
Birth Certificates:					
1. Only a parent, 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 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. Child under 18 • Only parent(s) or legal guardian can change the birth certificate. • Guardian must submit certified court order giving them authority to act on behalf of child(ren). • Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required. • Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. • To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. 4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)					
Adult (18 years or older) • Only the adult themselves can change the birth certificate. • If the first or middle name is absent, three pieces of documentary proof are required. • If the first, middle and/or last name is misspelled, two pieces of documentary proof are required. • To correct parent's birth date, place of birth, or name, one documentary proof is required. • Proof must be five (or more) years old or have been established within five years of birth.					
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. Proof is required to make changes if requested by someone other than the informant listed on the certificate. 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.					
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.					

DOH 422-034 August 2013

CERTIFIED

MAY 12 2014


 Alan Melnick
 Health Officer

Clark County Public Health

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