AFN #2018002511 Recorded Dec 20, 2018 04:26 PM DocType: DEATH Filed by: COLUMBIA GORGE TITLE Page: 1 of 2 File Fee: $38.00 Auditor Robert J. Waymire Skamania County, WA

WHEN RECORDED RETURN TO:

Traci Bowlby
PO Box 182
Stevenson, WA 98648

DOCUMENT TITLE(S) ~~Real estate excise tax affidavit~~ Certificate of Death

REFERENCE NUMBER(S) *of Documents assigned or released:* 030726000 60100

[ ] Additional numbers on page _____ of document.

GRANTOR(S): Gary Carpenter

[ ] Additional names on page _____ of document.

GRANTEE(S): Christopher Allan Smith (1/4) Timothy Russel Smith (1/4) Iiffany Marie Smith (1/4) and John Scott Carpenter (1/4)

[ ] Additional names on page _____ of document.

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

Lot 1 carpenter Short plat, according to the recorded Plat thereof, recorded book 3 of plats, page 147 in the County of Skamania State of Washington

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03072600060100

Skamania County Assessor
Date 12-20-18 Parcel# 03072600060100 lm

[ ] 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
33631
DEC 24 2018
PAID Exempt
SKAMANIA COUNTY TREASURER

LPB 01-05

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

810839 — I.D. TAG NO.
136-2018-024609 — STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name: First: Gary	Middle: Allen	Last: Carpenter	Suffix:	Death Date: September 09, 2018
Sex: Male	Age: 80 years	Social Security Number: [redacted]	County of Death: Wasco	
Birthdate: January 26, 1938	Birthplace: Stevenson, Washington		Was Decedent Ever in U.S. Armed Forces?: Yes	
Residence: 700 Veterans Drive #138		City/Town: The Dalles		
Residence County: Wasco	State or Foreign Country: Oregon	Zip Code + 4: 97058	Inside City Limits?: Yes	
Marital Status at Time of Death: Widowed	Spouse's Name Prior to First Marriage: Rosemarie Unknown			
Father's Name: Harry Carpenter		Mother's Name Prior to First Marriage: Margaret Unknown		
Informant's Name: Traci Bowlby	Telephone Number: Not Available	Relationship to Decedent: Niece	Mailing Address: P.O. Box 182, Stevenson, WA 98648	
Place of Death: Nursing Facility	Facility Name: Oregon Veterans' Home			
Location of Death: 700 Veterans Dr	City/Town or Location of Death: The Dalles	State: Oregon	Zip Code + 4: 97058	
Method of Disposition: Removal From State	Place of Disposition: Columbia River Crematory	Location (City/Town and State): White Salmon, Washington		
Name and Complete Address of Funeral Facility: Gardner Funeral Home — 1270 N Main, White Salmon, Washington 98672				
Date of Disposition: September 09, 2018	Funeral Director's Signature: ▶ *Victoria R Lara* (Electronically Signed)	OR License Number: CO-3930		
Registrar's Signature: ▶ *Jennifer A. Woodward*	Date Received: September 19, 2018	Local File Number		
Amendment				

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?: No	Autopsy?: No	Were autopsy findings available to complete the cause of death?	Time of Death: 1704
CAUSE OF DEATH			Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a. Stage IV small cell Lung Cancer			unknown
Due to (or as a consequence of) ↓ b.			
Due to (or as a consequence of) ↓ c.			
Due to (or as a consequence of) ↓ d.			
Other significant conditions contributing to death			
Manner of Death: Natural	If Female: Not Applicable	Did tobacco use contribute to death?: Yes	
Date of Injury	Time of Injury	Place of Injury	Injury at Work?
Location of Injury			
Describe how injury occurred		If transportation injury, specify.	
Name and Address of Certifier: Nicole Pashek — 1700 E 19th Street, The Dalles, Oregon 97058			
Name and Title of Attending Physician If Other than Certifier			Date Signed: September 19, 2018
Medical Certifier: *Nicole Pashek* (Electronically Signed)	Title of Certifier: N.P.	License Number: 20850161NP	
Amendment			

45-2CC (01/06)

20180918817

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

September 20, 2018

DATE ISSUED: _____

Jennifer A Woodward
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