AFN #2019000920 Recorded Jun 04, 2019 09:59 AM DocType: DEATH Filed by: Kevin Russell Page: 1 of 5 File Fee: $41.00 Auditor Robert J. Waymire Skamania County, WA

WHEN RECORDED RETURN TO:

Kevin Russell
PO Box 1335
Stevenson WA 98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
33890
JUN - 4 2019
PAID EXEMPT
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)
1) WASHINGTON STATE COD FOR SHIRLEY ANN RUSSELL
2) ~~WASHINGTON~~ OREGON STATE COD FOR MAURICE ALLEN RUSSELL

REFERENCE NUMBER(S) *of Documents assigned or released:*
1) FILE NUMBER D-33 28 JUNE 2004, WASHINGTON
2) ID #446085 09 MAY 2007, OREGON

[ ] Additional numbers on page _____ of document.

GRANTOR(S):
KEVIN RUSSELL EXECUTOR

[ ] Additional names on page _____ of document.

GRANTEE(S): KRISTY A. JOHNSON, KURT A. RUSSELL, KEVIN M. RUSSELL
KELLEY M. BROWN & KARL A. RUSSELL

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION *(Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):*
Lot 2, SHORT PLAT 3, AUDITOR FILE # 91263, SECTION 27, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN.

[ ] Complete legal on page _____ of document. Remove - Life Estate for Maurice and Shirley Russell

TAX PARCEL NUMBER(S):
03082730010700

Skamania County Assessor
Date 6-4-19 Parcel# 03082730010700
ym

[ ] 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.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: _____
Signature/Title: EXECUTOR OF MAURICE & SHIRLEY RUSSELL

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CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK. 3+1 I.D. TAG NO. 446085

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) First: Maurice Middle: Allen Last: RUSSELL Suffix:
2. Death Date (MON DD YYYY): May 9, 2007
3. Sex (M/F): Male
4a. Age – Last Birthday: 76
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Multnomah
7. Birthdate (MON DD YYYY): April 21, 1931
8a. Birthplace (City/Town, or County): Reno
8b. (State or Foreign Country): Nevada
9. Decedent's Education: High School Graduate
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? ☒ Yes ☐ No
13. Residence: Number and Street (e.g., 624 SE 9th Street, Apt. No. 8): 41 Lyons Road
14. City/Town: Home Valley
15. Residence County: Skamania
16. State or Foreign Country: Washington
17. Zip Code + 4: 98648
18. Inside City Limits? ☐ Yes ☒ No ☐ Unknown
19. Marital Status at Time of Death: Widowed
20. Spouse's Name (If married or widowed, give name prior to first marriage.): Shirley Ann Hutchinson
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Construction Worker
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.): Construction
23. Father's Name (First, Middle, Last, Suffix): Kenneth Maurice Russell
24. Mother's Name Prior to First Marriage (First, Middle, Last): Helen Rupprecht
25. Informant's Name: Kevin Russell
26. Telephone Number: 509/427-8651
27. Relation to Decedent: Son
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): 131 Lyons Road Stevenson, WA 98648
29. Place of Death: Hospital - inpatient
30. Facility Name: Portland VA Medical Center
31. Location of Death (Give address.): 3710 SW US Veterans Hospital Rd
32. City/Town or Location of Death: Portland
33. State: OR
34. Zip Code + 4: 97239
35. Method of Disposition: Removal From State
36. Place of Disposition (Name of cemetery, crematory, or other place): Columbia River Crematory
37. Location: White Salmon, Washington
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Gardner Funeral Home POB 390 White Salmon, WA 98672
39. Date of Disposition (MON DD YYYY): May 10, 2007
40. Funeral Director's Signature: ▶
41. OR License Number: RR64
42. Registrar's Signature: ▶ Dorothy R. Sampson
43. Date Received (MON DD YYYY): MAY 16 2007
44. Local File Number: 05197
45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☐ No
47. Autopsy? ☐ Yes ☒ No
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
49. Time of Death: 0655

CAUSE OF DEATH (See instructions and examples.)

50. 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.

		Approximate Interval: Onset to Death
Final disease or condition resulting in death→	IMMEDIATE CAUSE ↓ a. acute myelogenous leukemia	April 2007
Sequentially list conditions, if any, leading to the cause listed on line a.	Due to (or as a consequence of) ↓ b. myelodysplastic syndrome	October 2006
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ c.	
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: congestive heart failure, acute renal failure
52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. If Female: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death
54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
55. Date of Injury (MON DD YYYY)
56. Time of Injury
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
58. Injury at Work? ☐ Yes ☐ No ☐ Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)
60. Describe how injury occurred.
61. If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4): Christie J. Moore 3710 SW US Veterans Hospital Rd, Portland, OR 97239
63. Name and Title of Attending Physician if Other than Certifier
64. Title of Certifier: Fellow, Hematology/Medical Oncology MD
65. License Number: OR 27073
66. Date Certified (MON DD YYYY): 05/09/2007
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ▶ CJM MOORE
68. Medical Examiner - 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. ▶
69. Record Amendment

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL EVITAL RECORDS COPY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: MAY 16 2007

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: D-33

Washington State Certificate of Death

State File Number:

1. Legal Name (Include AKA's if any) First: Shirley Middle: Ann LAST: RUSSELL Suffix:
2. Death Date: June 28, 2006
3. Sex (M/F): Female
4a. Age – Last Birthday: 71
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: Feb. 17, 1935
8a. Birthplace (City, Town, or County): Hallock
8b. (State or Foreign Country): Minnesota
9. Decedent's Education: 9th Grade
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.): 41 Lyons Road
13b. City or Town: Home Valley
13c. Residence County: Skamania
13d. Tribal Reservation Name (If applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98648
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence.: 28 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Maurice Russell
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).: Manager
18. Kind of Business/Industry (Do not use Company Name): Food Bank
19. Father's Name (First, Middle, Last, Suffix): Clyde Hutchinson
20. Mother's Name Before First Marriage (First, Middle, Last): Beatrice Keuhn
21. Informant's Name: Kevin Russell
22. Relationship to Decedent: Son
23. Mailing Address: Number and Street or RFD No.: 88861 Youngs River City or Town: Astoris State: OR Zip: 97103
24. Place of Death: Death Occurred in a Hospital:
Place of Death, If Death Occurred Somewhere Other than a Hospital: Decedent's Residence
25. Facility Name (If not a facility, give number & street or location): 41 Lyons Road
26a. City, Town, or Location of Death: Home Valley
26b. State: WA
27. Zip Code: 98648
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Columbia River Crematory
30. Location-City/Town, and State: White Salmon, Washingto
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home POB 390 White Salmon, WA 98672
32. Date of Disposition: June 29, 2006
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. Heart Failure — Interval between Onset & Death: Minutes
Due to (or as a consequence of):
b. Liver Resection — Interval between Onset & Death: 2 weeks
Due to (or as a consequence of):
c. Liver Cancer — Interval between Onset & Death: 3 months
Due to (or as a consequence of):
d. Colon Cancer — Interval between Onset & Death: Months

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 to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ 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? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ 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
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): Scott Soot, MD 5050 Hoyt St. Suite 610 Portland, OR 97213
50. Hour of Death (24hrs): 0115
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): June 28, 2006
53. Title of Certifier: MD
54. License Number: MD 20655
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): 7/7/06
59. Amendments

Part 1 completed by Funeral Director
Part 2 completed by Certifier

DOH 01-003 (6/99)

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THIS CERTIFIED COPY OF A RECORD FILED WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

EXHIBIT "A"

LOT 2 OF THE BILL LYONS (HOME VALLEY) SHORT PLAT NO. 3 REVISED UNDER AUDITOR'S FILE NO. 91263 DESCRIBED AS FOLLOWS:

A TRACT OF LAND LOCATED IN SECTION 27, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, BEING A PART OF THE WILLIAM M. MURPHY D.L.C. NO. 37, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT MARKED BY AN IRON PIPE ON THE EAST BOUNDARY OF SAID MURPHY D.L.C. NORTH 1,239 FEET FROM THE INTERSECTION OF SAID EAST BOUNDARY WITH THE SOUTH LINE OF SECTION 27, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDAIN; THENCE NORTH 69° 23' WEST 232.2 FEET; THENCE SOUTH 18° 18' WEST 188.33 FEET; THENCE NORTH 54° 36' WEST 132 FEET; THENCE NORTH 47° 31' WEST 91.74 FEET; THENCE NORTH 60° 41' WEST 131.95 FEET; THENCE NORTH 20° 34' 38" EAST 269.27 FEET TO THE TRUE POINT OF BEGINNING OF THE TRACT HEREIN DESCRIBED, BEING THE SOUTHEAST CORNER OF LOT 2, OF THE BILL LYONS (HOME VALLEY) SHORT PLAT NO. 3 REVISED, RECORDED IN BOOK 2 OF SHORT PLATS PAGE 184 AND 184A UNDER AUDITOR'S FILE NO. 91263; THENCE NORTH 18° 41' 40" EAST 218.61 FEET ALONG THE SOUTHEASTERLY LINE OF SAID LOT 2 TO ITS INTERSECTION WITH THE CENTERLINE OF THAT CERTAIN PRIVATE ROADWAY 60 FEET IN WIDTH, KNOWN AS LYONS ROAD; THENCE ALONG THE CENTERLINE OF SAID LYONS ROAD NORTH 77° 24' 03" WEST 27[illegible].0 FEET; THENCE CONTINUING NORTH 70° 58' WEST ALONG SAID CENTERLINE 93.47 FEET, TO A POINT ON THE ARC OF A CURVE; THENCE ALONG THE ARC OF A CURVE TO THE RIGHT, HAVING A RADIUS OF 464.0 FEET, AN ARC DISTANCE OF 90.00 FEET ALONG THE CENTERLINE OF SAID LYONS ROAD TO ITS INTERSECTION WITH THE NORTHWESTERLY LINE OF SAID LOT 2; THENCE SOUTH 18° 24' 25" WEST ALONG SAID NORTHWESTERLY LINE 206.52 FEET, TO THE SOUTHWEST CORNER OF SAID LOT 2; THENCE SOUTH 74° 43' 55" EAST ALONG THE SOUTHERLY LINE OF SAID LOT 2, 209.16 FEET TO THE TRUE POINT OF BEGINNING.

Gary H. Martin, Skamania County Assessor

Date 4-3-06 Parcel # 030827 300107 00

AKO

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