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# 03082300100 00
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

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK. 3+1

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

I.D. TAG NO. 446085

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: [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: 07197		
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. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ b. myelodysplastic Syndrome	October 2006
	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): Chrishe 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. [signature] 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 VITAL 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.

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: D 33

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) — First: Shirley | Middle: Ann | LAST: RUSSELL | Suffix:
2. Death Date: June 28, 2006
3. Sex: 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: [signature]

Part 2 completed by Certifier

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.

			Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a.	Heart Failure	Minutes
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. Due to (or as a consequence of):	Liver Resection	2 weeks
	c. Due to (or as a consequence of):	Liver Cancer	3 months
	d. Due to (or as a consequence of):	Colon Cancer	Months

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 [signature]
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: [signature]
58. Date Received (MM/DD/YYYY): 7/7/06
59. Amendments:

DOH 01-003 (6/99)

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 27.0 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 # 03082730010100
AMD