

Skamania County, WA
Total: \$106.50
DEED
Pgs=4

2019-002103

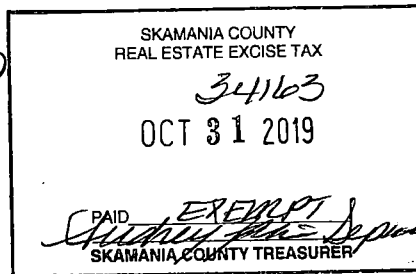
10/31/2019 01:12 PM

Request of: BILL & MICHELLE RENNER



When recorded return to:

Bill & Michelle Renner
PO Box 667
Carson WA 98610



QUIT CLAIM DEED

THE GRANTOR(S) Michelle LaRae-Severy Renner

for and in consideration of Love - Joint tenants ^{with rights} & Survivorship!

in hand paid, conveys and quit claims to

Billy Lee Renner
Michelle LaRae-Severy Renner
* removing life estate for Ernest LeRoy Severy
the following described real estate, situated in the County of Skamania, State of Washington
together with all after acquired title of the grantor(s) herein:

The east 330 feet of the North half of the southwest Quarter of the Southwest Quarter (N1/2 SW 1/4 SW1/4) of Section 17, township 3 north, Range 8 E. W. M. Except the following described tract of land: Beginning at the southeast corner of the N1/2 of the SW 1/4 of the SW 1/4 of the said section 17; thence north along the east line of the SW 1/4 of the SW 1/4 of the said section 17 a distance of 290 feet; thence west 150 feet; thence south 290 feet to the south line of the N 1/2 of the SW 1/4 of the SW 1/4 of the said section 17; thence 150 feet to the point of beginning. And except the following described tract of land: Beginning at the south-east corner of the N1/2 of the SW 1/4 of the SW 1/4 of the said section 17; thence 330 feet along the south line of the SW 1/4 of the SW 1/4 of the said section 17 to the initial point of the tract hereby described; thence north parallel to the east line of the SW 1/4 of the SW 1/4 of the said section 17, a distance of 290 feet; thence east 150 feet; thence south parallel to the subject to easements and rights of way for county road No 2051 designated as the Brooks Road.

Abbreviated Legal: (Required if full legal not inserted above.)

Skamania County Assessor

Tax Parcel Number(s): 0308173015000

Date 10-31-19 Parcel # 3-8-17-3-1500

Dated: 10-29-19

Michelle Lake-Swengeman Michelle Lake-Swengeman Severy
Billy Lee Renner Billy Lee Renner

STATE OF
COUNTY OF

SS.

I certify that I know or have satisfactory evidence that

Bill & Michelle

(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that they signed this instrument and acknowledged it to be
of free and voluntary act for the uses and purposes mentioned in this instrument.

Dated:

10/29/19

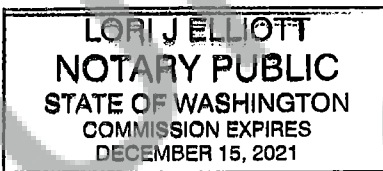
Lori J. Elliott / Lori J. Elliott

Notary name printed or typed:

Notary Public in and for the State of WA

Residing at Stevenson

My appointment expires: Dec 15, 2021



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

Original
Health

CENTER FOR HEALTH STATISTICS REPORT OF DEATH

I.D. TAG NO. 693714

136-

STATE FILE NUMBER

1. Legal name: (include AKA, if any) First: Ernest Middle: LeRoy Last: Severy Suffix:		2. Death date (MON DO YYYY): May 26, 2015	
3. Sex (M/F): Male	4a. Age - Last birthday: 85	4b. Under 1 year: Months: 0 Days: 0	4c. Under 1 day: Hours: 0 Minutes: 0
5. Social Security number: 543-28-8728		6. County of death: Hood River	
7. Birthdate (MON DO YYYY): June 7, 1929		8a. Birthplace (city/town or county): Florence	
8b. (State or foreign country): Oregon		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13. Residence: Number and street (e.g. 824 SE 5th Street, Apt. 10-3): 292 Brooks Road		14. City/town: Carson	
15. Residence county: Skamania		16. State or foreign country: Washington	
17. ZIP code + 4: 98610		18. Inside city limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. Marital status at time of death: Widowed		20. Spouse's name (if married or widowed, give name prior to first marriage): Mary Maxine Rash	
21. Usual occupation (indicate type of work done during most of working life. DO NOT USE "RETIRED"): Owner		22. Kind of business/industry (DO NOT USE COMPANY NAME): Rock Crushing Company	
23. Father's name (first, middle, last suffix): Drew Eastman Severy		24. Mother's name prior to first marriage (first, middle, last): Lydia unknown	
25. Informant's name: Michelle Renner		26. Telephone number: 509-427-5846	
27. Relation to decedent: Daughter		28. Mailing Address (number & street, city/town, state, ZIP + 4): PO Box 667 Carson, WA 98610	
29. Place of death: Nursing Home		30. Facility name: Hood River Care Center	
31. Location of death (give address): 729 Henderson Road		32. City/town or location of death: Hood River	
33. State: OR		34. ZIP code + 4: 97031	
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 1270 N. Main Ave. White Salmon, WA 98672			
39. Date of disposition (MON DO YYYY): May 26, 2015		40. Funeral director's signature: <i>[Signature]</i>	
41. OR license number: CO-3892		42. Registrar's signature: <i>[Signature]</i>	
43. Date received (MON DO YYYY): JUN 01 2015		44. Local file number: 090-2015	
45. Record amendment:			
46. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
49. Time of death: 1605			
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.			
Final disease or condition resulting in death: IMMEDIATE CAUSE: Acute Stroke		Approximate interval: Onset to death: 6 weeks	
Due to (or as a consequence of): Cerebrovascular disease		years: 5	
Due to (or as a consequence of):			
Due to (or as a consequence of):			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:			
52. Manner of death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			
53. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			
54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of injury (MON DO YYYY):		56. Time of injury:	
57. Place of injury (e.g., decedent's home, construction site, restaurant, wooded area):		58. Injury at work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of injury (number & street, city/town, state, ZIP + 4):			
60. Describe how injury occurred:			
61. If transportation injury, specify: <input type="checkbox"/> Driver/operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify):			
62. Name and address of certifier (number & street, city/town, state, ZIP + 4): Stephen Becker 1750 12th St. Hood River, OR 97031			
63. Name and title of attending physician (if other than certifier):			
64. Title of certifier: MD		65. License number: OR 11746	
66. Date signed (MON DO YYYY): 5/27/2015			
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: <i>[Signature]</i>			
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:			

45-2 (09/13)

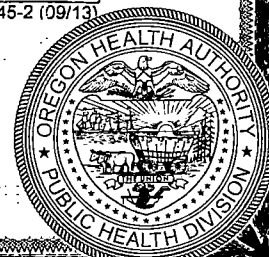
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

JUN 01 2015

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR



Unofficial
Copy



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