

**Return Address**  
**Crandall Law Group, PLLC**  
8596 N. Wayne Dr. Ste.B  
Hayden, ID 83835

Attention: Heather Boyd

Skamania County, WA  
Total:\$107.50  
MISC  
Pgs=5

**2020-000351**

02/11/2020 02:37 PM

Request of: CRANDALL LAW GROUP, PLLC



**Document Title(s)** (or transactions contained therein):

**LETTERS TESTAMENTARY**

**Reference Number(s) of Documents Assigned or Released:**

N/A

**Grantor(s)** (Last name first, then first name and initials):

Estate of Augusta Johanna Younkin

**Grantee(s)** (Last name first, then first name and initials):

Laurence R. Younkin

**Legal description** (abbreviated: i.e., lot, block, plat or section, township, range)

NA

**Assessor's Property Tax Parcel/Account Number**

NA

SKAMANIA COUNTY  
FILED

DEC - 2 2019

GRACE D. CROSS  
SUPERIOR COURT CLERK

SUPERIOR COURT OF WASHINGTON  
FOR SKAMANIA COUNTY

Estate of

AUGUSTA JOHANNA YOUNKIN,

Deceased.

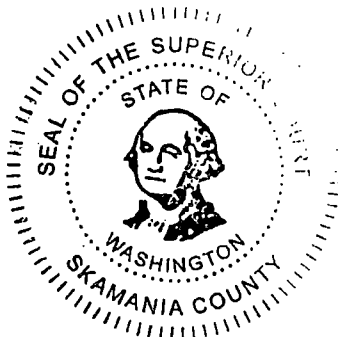
NO. 18-400031-30

LETTERS TESTAMENTARY  
(RCW 11.28.090)

STATE OF WASHINGTON )  
COUNTY OF SKAMANIA )

WHEREAS, the last will of Augusta Johanna Younkin, deceased, was, on the 13<sup>th</sup> day of November, 2018, duly exhibited, proven, and recorded in our said Superior Court; and whereas, it appears in and by said will that Laurence R. Younkin is appointed executor thereon, and, whereas, said Laurence R. Younkin has duly qualified, now, therefore, know all persons by these presents, that we do hereby authorize the said Laurence R. Younkin to execute said will according to law.

WITNESS my hand and the seal of said Court this 2 day of December, 2019.



Grace D. Cross  
Clerk of the Superior Court

By: [Signature]  
Deputy Clerk

STATE OF WASHINGTON )  
 ) ss.  
County of Skamania )

I, County Clerk/Deputy Clerk and Clerk of the above-entitled Court, do hereby certify that the foregoing Letters Testamentary have been by me duly recorded as required by law, and that the above LETTERS TESTAMENTARY is a true and correct copy of the original on file and recorded in this office, AND THAT THE SAME ARE STILL OF FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have hereunto set by hand and official Seal of the above entitled Court this 2 day of December, 2019.

Grace D. Cross  
Clerk of said Superior Court



Jake A. D. H.  
Clerk/Deputy Clerk

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho  
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH ALSO WILL BE  
REGISTERED. SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §§ 24-24 (1) AND § 24-27, IDAHO CODE

Local Reg. No.

DECEDENT		1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)				2. SEX		3. SOCIAL SECURITY NUMBER	
		AUGUSTA JOHANNA YOUNKIN				FEMALE			
TYPE OF PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN		4a. AGE Last Birthday		4b. UNDER 1 YEAR		4c. UNDER 1 DAY		5. DATE OF BIRTH (Mo/Day/Yr)	
		89 (Years)						04/14/1928	
FOR INSTRUCTIONS SEE HANDBOOKS		7a. RESIDENCE - STATE OR FOREIGN COUNTRY				7b. CITY OR TOWN		6. BIRTHPLACE (City and State, Territory, or Foreign Country)	
		IDAHO				KOOTENAI		ROCKWOOD, OREGON	
		7d. STREET AND NUMBER				7c. APT. NO.		7e. ZIP CODE	
		26578 CLAGSTONE RD.						83801	
PARENTS		8. MARITAL STATUS AT TIME OF DEATH				9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
		<input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown							
INFORMANT		10. EVER IN U.S. ARMED FORCES?				11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				JOEL HANSEN		SWEDEN	
DISPOSITION		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)				12b. BIRTHPLACE (State, Territory, or Foreign Country)			
		LEWELLA SCHROEDER				MINNESOTA			
PLACE OF DEATH		13a. INFORMANT'S NAME (Type or print)		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
		LARRY YOUNKIN		SON		26578 CLAGSTONE RD. ATHOL, ID 83801			
DATE OF DEATH		14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
		<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814			
CAUSE OF DEATH		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH				17b. LICENSE NUMBER (Of licensee)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?	
		ELECTRONICALLY SIGNED: DONEDA R. ALLEN				F1363		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
WEARS 32-38 FOR EXTERNAL CAUSES ONLY (CORONER)		19a. IF DEATH OCCURRED IN A HOSPITAL		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL					
		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other		<input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)					
CERTIFIER		20. FACILITY NAME (If not facility, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH; AND ZIP CODE		22. COUNTY OF DEATH			
		THE SCHNEIDMILLER HOUSE		COEUR D'ALENE, ID 83816		KOOTENAI			
		23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)		26. TIME PRONOUNCED DEAD	
		August 1, 2017		20:00		August 1, 2017		20:00	
REGISTRAR		PART I. Enter the <u>cause of death</u> —disease, 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. Enter only one cause on a line.				Approximate Time Interval Onset to Death			
		IMMEDIATE CAUSE (Final disease or condition resulting in death) LIVER METASTASIS-UNKNOWN PRIMARY DUE TO (or as a consequence of): END STAGE RENAL DISEASE RT. RENAL NEPHROSCLEROSIS DUE TO (or as a consequence of): HYPERTENSION				1 MONTH  YEARS  YEARS			
		PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.				27a. WAS AN AUTOPSY PERFORMED?		27b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
		DIABETES WITH AMPUTATION				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		28. DID TOBACCO USE CONTRIBUTE TO DEATH?		29. IF FEMALE (Aged 10-54):		30. MANNER OF DEATH			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		<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"/> Not pregnant, but pregnant within 42 days of death		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		<input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, running home, restaurant, forest, etc.)		35. INJURY AT WORK	
				(24hr)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		36. LOCATION OF INJURY:		37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)					
		Street and Number or Location State City/Town or County Zip Code		Specify which vehicle decedent occupied, if applicable					
		TRANSPORTATION INJURY ONLY		38a. WAS DECEDENT:		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?			
		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		<input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
		39a. CERTIFIER (Check only one, based on official capacity for this certificate)				39b. LICENSE NUMBER			
		<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.				NP-0399			
		39c. DATE SIGNED				39d. DATE SIGNED			
		Signature and Title of Certifier: ELECTRONICALLY SIGNED: LISA GRACE MARIE BREISACHER, N.P. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) LISA GRACE MARIE BREISACHER, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83836				8 / 3 / 2017 MM DD YYYY		40b. DATE SIGNED 8 / 4 / 2017 MM DD YYYY	

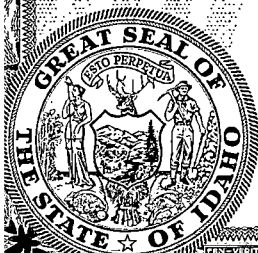
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

AUG 04 2017

**DATE ISSUED:**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAMES B. AYDELOTTE  
STATE REGISTRAR



Unofficial Copy



\* 0 0 0 8 8 4 1 5 2 \*

STATE OF IDAHO County of Kootenai

This copy of a death certificate was issued  
by the District Health Department on behalf  
of the Bureau of Vital Records and Health  
Statistics.

*Julie Benson*  
Local Vital Statistics Registration Official