Skamania County, WA
Total:$105.50
MISC
Pgs=3

2020-001166
05/21/2020 03:43 PM

Request of: FIDELITY NATIONAL TITLE

00003653202000011660030032

When recorded return to:
Phyllis G. Brinkley
26609 SE Hereford Lane
Eagle Creek, OR 97022

Filed for record at the request of:
Fidelity National Title
COMPANY OF WASHINGTON, INC.
1499 SE Tech Center Place, Suite 100
Vancouver, WA 98683

Escrow No.: 612864008

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
34515
MAY 21 2020
PAID EXEMPT
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

Letters Testamentary and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Duncan W. Brinkley, deceased

☐ Additional names on page _____ of document

GRANTEE(S)

Phyllis G. Brinkley, Personal Representative of the Estate of Duncan W. Brinkley, deceased

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

CABIN 147, Subdivision of NORTHWOODS, J/449

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

96000147000000 ym 5/21/20

Additional Tax Accounts are 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 provided herein.

"I am signing below and paying an additional $50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

_____ Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional $50 fee if the document meets margin/formatting requirements

Verified Correct Copy of Original 4/6/2016

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLACKAMAS
Probate Department

In the Matter of the Estate of	**LETTERS TESTAMENTARY**
	Case No. **16PB02022**
DUNCAN W. BRINKLEY, Deceased	

STATE OF OREGON }
}ss.
County of Clackamas }

BY THESE LETTERS TESTAMENTARY BE INFORMED:

That the last will and testament of **DUNCAN W. BRINKLEY**, deceased, has been duly proven in the Circuit Court, County of Clackamas, State of Oregon, and that **PHYLLIS G. BRINKLEY** has been appointed and is at the date hereof the duly appointed, qualified and acting personal representative of the estate of the decedent. This, therefore, authorizes the said **PHYLLIS G. BRINKLEY**, to administer the estate of the said deceased, **DUNCAN W. BRINKLEY** according to law.

IN TESTIMONY WHEREOF, I have subscribed my name and affixed the seal of the court at my office on the 6TH day of APRIL, 2016.

SEAL

Clackamas County Court Administrator

By _____
Deputy

STATE OF OREGON }
}ss.
County of Clackamas }

I, Clackamas Court Administrator for the Circuit Court, County of Clackamas, State of Oregon, do hereby certify that the foregoing copy of Letters Testamentary has been by me compared with the original, and that it is a correct transcript therefrom, and the whole of such original as the same appears on file and of record in my office and in my care and custody.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Circuit Court this 6 day of April, 2016.

SEAL

Clackamas County Court Administrator

By _____
Deputy

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

725862 — LB TAG NO. — STATE FILE NUMBER

4516360

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: Duncan	Middle: William	Last: Brinkley	Suffix:	2. Death Date: September 27, 2015
3. Sex: Male	4. Age: 86 years	5. Social Security Number: [redacted]		6. County of Death: Multnomah
7. Birthdate: June 05, 1929	8. Birthplace: Roger Mills County, Oklahoma			9. Decedent's Education: 9th - 12th grade
10. Was Decedent of Hispanic Origin?: No	11. Decedent's Race(s): White			12. Was Decedent Ever in U.S. Armed Forces?: No
13. Residence: Number and Street: 26609 SE Hereford Lane			14. City/Town: Eagle Creek	
15. Residence County: Clackamas	16. State or Foreign Country: Oregon	17. Zip Code + 4: 97022		18. Inside City Limits?: No
19. Marital Status at Time of Death: Married	20. Spouse's Name Prior to First Marriage: Phyllis Crombie			
21. Usual Occupation: Contractor			22. Kind of Business/Industry: Home Construction	
23. Father's Name: William Brinkley			24. Mother's Name Prior to First Marriage: Iva Mae Townsley	
25. Informant's Name: Phyllis Brinkley	26. Telephone Number: Not Available	27. Relationship to Decedent: Spouse	28. Mailing Address: 26609 SE Hereford Lane, Eagle Creek, OR 97022	
29. Place of Death: Nursing Facility	30. Facility Name: Healthcare at Foster Creek			
31. Location of Death: 6003 SE 136th Avenue	32. City/Town or Location of Death: Portland	33. State: Oregon	34. Zip Code + 4: 97236	
35. Method of Disposition: Cremation	36. Place of Disposition: Portland Cremation Center, LLC		37. Location: Portland, Oregon	
38. Name and Complete Address of Funeral Facility: Sandy Funeral Home		39551 Pleasant St, Sandy, Oregon 97055		
39. Date of Disposition: September 30, 2015	40. Funeral Director's Signature: Jeremy Scott Buck (Electronically Signed)		41. OR License Number: CO-3902	
42. Registrar's Signature: [signature]	43. Date Received: OCT 08 2015		44. Local File Number: 105066	
45. 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: 0630 hrs		

CAUSE OF DEATH

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.

Part I		Approximate Interval: Onset to Death
Final disease or condition resulting in death →	IMMEDIATE CAUSE ↓ a. CONGESTIVE HEART FAILURE	4 years
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. OLD MYOCARDIAL INFARCTION	4 years
	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: HYPERTENSION, DEMENTIA

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 (MM 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 or RFD No., 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 or RFD No., City/Town, State, Zip + 4): ROBERT T. TILLEY, MD 17720 SW Pacific Hwy #9 TIGARD 97223

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier: ATTENDING PHYSICIAN	65. License Number: 14670	66. Date Signed (MM DD YYYY): 09/30/2015

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. [signature]

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. Amendment

45-2DP

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.

DATE ISSUED: OCT 08 2015

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

IF ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE