



AFTER RECORDING RETURN TO:

Name: James L. Kacena PLLC
Address: P.O. Box 2024
City/State: White Salmon, WA 98672

DOCUMENT TITLE(S): (or transactions contained therein)

1. **Death Certificate**

GRANTOR(S): (Last name first, then first name and initials)

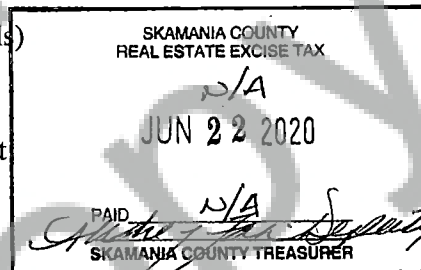
1. **Marilyn J. Carmichael**

☐ Additional names on page _____ of document

GRANTEE(S): (Last name first, then first name and initials)

1. **The Public**

☐ Additional names on page _____ of document



Legal Description as follows:

**Ptn. NE NE Sec. 29, T3N., R8E WM.;
Lot 2, Rose Subdivision Phase I, Book "B" of Plats, Page 108, 17-03-08
Skamania County, State of Washington
(See Exhibit A)**

Assessor's Property Tax Parcel/Account Number(s):

03-08-29-1-1-5101-00

03-08-17-3-0-1203-00 *ym 6/22/2020*

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS—P.O. BOX 110675
JUNEAU, ALASKA 99811-0675

150 06001753

STATE FILE NUMBER

DATE RECEIVED
AUG 17 2006

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) Howard Ellsworth Carmichael, Jr. | | 1c. MAIDEN NAME — | | 2. SEX Male | | 3. DATE OF DEATH (Month, Day, Year) August 14, 2006 | |
| 4. SOCIAL SECURITY NUMBER | | 5a. AGE—Last Birthday (Years) 82 | | 5b. UNDER 1 YEAR Months Days | | 5c. UNDER 1 DAY Hours Minutes | |
| 6. DATE OF BIRTH (Month, Day, Year) 07/11/1924 | | 7. BIRTHPLACE (State or Foreign Country) California | | | | | |
| 8. STATE OF DEATH ALASKA | | 9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) The Denali Center | | 9c. CITY, TOWN, OR LOCATION OF DEATH Fairbanks | | | | | |
| 10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN | | 11. SURVIVING SPOUSE (If wife, give maiden name) Marilyn Joyce Hamilton | | | | | |
| 12a. DECEDENT'S USUAL OCCUPATION (Give kind; work done during most of working life. Do not use retired) Teacher | | 12b. KIND OF BUSINESS/INDUSTRY Education | | 13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | | |
| 14a. RESIDENCE—STATE Washington | | 14b. CITY, TOWN OR LOCATION Husum | | 14c. STREET AND NUMBER 17 Landgren Rd. | | | |
| 14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | 14e. ZIP CODE 98623 | | 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify | | 16. RACE—Filipino, Black, Native, White, etc. White | |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (13-16) 5+ | | | | | | | |
| 18. FATHER'S NAME (First, Middle, Last) Howard Ellsworth Carmichael | | 19. MOTHER'S NAME (First, Middle, Last) Mildred Jones | | | | | |
| 20a. INFORMANT'S NAME (Type/Print) Marilyn Carmichael | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PO Box 111 Husum, WA 98623 | | | | 20c. RELATIONSHIP TO DECEDENT Wife | |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Fairbanks Funeral Home and Crematory | | | | 21c. LOCATION—City or Town, State Fairbanks, AK | |
| 22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i> | | 22b. NAME AND ADDRESS OF FACILITY Fairbanks Funeral Home and Crematory 3704 Erickson Ave. Fairbanks, AK 99709 | | | | | |
| 23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: <i>[Signature]</i> Pronounced by RN | | 23b. DATE SIGNED (Month, Day, Year) 8-15-06 | | | | | |
| 24. TIME OF DEATH 4:20 a.m. | | 25. DATE PRONOUNCED DEAD (Month, Day, Year) August 14, 2006 | | 26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A. <i>Glioblastoma</i> DUE TO (OR AS A CONSEQUENCE OF) B. DUE TO (OR AS A CONSEQUENCE OF) C. DUE TO (OR AS A CONSEQUENCE OF) D. DUE TO (OR AS A CONSEQUENCE OF) PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. 28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Anatomical Interval Between Onset & Death 3 months | | | | | |
| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 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 as stated. | | 29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH <i>[Signature]</i> Jean Tsiponis, MD | | 29c. DATE SIGNED (Month, Day, Year) 8-15-06 | | 29d. LICENSE NUMBER AA 1833 | |
| 30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | 31a. DATE OF INJURY (Month, Day, Year) | | 31b. TIME OF INJURY | | 31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 31d. DESCRIBE HOW INJURY OCCURRED? (Events which resulted in injury) | | 31e. PLACE OF INJURY—At home, street, cemetery, office, etc. (Specify) | | 31f. LOCATION (Street and Number of Rural Route Number, City or Town, State) | | | |
| 32. RECORDER'S SIGNATURE | | 33. RECORDING DISTRICT | | 34. DATE FILED (Month, Day, Year) | | | |

Form VS-101
REV. 1-92

ORIGINAL - STATE COPY

1183733

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED AUG 17 2006

STATE REGISTRAR

Phillip L. Mitchell



Exhibit A

Parcel One:

A tract of land in the Northeast Quarter of the Northeast Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the East line of said Section 29 South 00°01'24" East 525 Feet from the Northeast corner of said Section; thence West 230 feet; thence South 100 feet to the initial point of the tract hereby described; thence East 200 feet; thence South 100 feet; thence West 20 feet; thence South 130 feet; thence West 180 feet to a point South of the initial point; thence North 20 feet to the initial point.

THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD, INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY.

03-08-29-1-1-5101-00

Parcel Two:

Lot 2, ROSE SUBDIVISION PHASE I, according to the recorded Plat, recorded in Book "B" of Plats, Page 108, in the County of Skamania, State of Washington.

Skamania County Assessor

Date 6-22-20 Parcel# 030829/1510100
03081730 120300

JM