

WHEN RECORDED RETURN TO:
John E. Manning Jr
192 Larson Rd
Underwood, WA 98651

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)

DOCUMENT TITLE(S) (or transaction contained therein) (all areas applicable to your document must be filled in)
Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:
CPA BOOK 65 Page 20 + 21 75869
 Additional numbers on page _____ of document.

GRANTOR(S):
 1. ERMA JEAN MANNING 2. _____
 3. _____ 4. _____
 Additional names on page _____ of document.

GRANTEE(S):
 1. John E. Manning Jr 2. _____
 3. _____ 4. _____
 Additional names on page _____ of document.

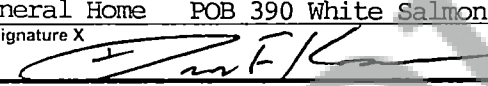
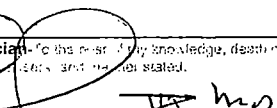
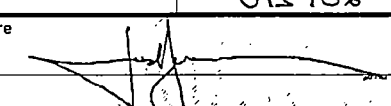
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
#1 Lot 1 Pacific Power & Light s/p BK 2 / PG 173
#2 See Attached
 Skamania County Assessor
 Date 9/27/21 Parcel# 3-16-14-201
 Complete legal on page _____ of document.

Assessor's Property Tax Parcel #
#1 03101400020100 DM
#2 03101500130100
 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 signing below and paying an additional \$50.00 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."

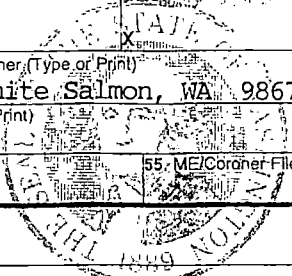
John E. Manning Jr **Signature of Requesting Party**
 Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		D-2 10		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Erma Jean MANNING					2. Death Date March 6, 2005		
3. Sex (M/F) Female	4a. Age - Last Birthday 66	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skamania		
7. Birthdate June 11, 1938		8a. Birthplace (City, Town, or County) Mt. Brook		8b. (State or Foreign Country) Washington		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? NO	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 192 Larsen Rd.					13b. City or Town Underwood		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98651	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 27 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) John E. Manning, Jr.			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home			
19. Father's Name (First, Middle, Last, Suffix) Henry Phillip Vermeire				20. Mother's Name Before First Marriage (First, Middle, Last) Dolly Eunice Walker			
21. Informant's Name Jack Manning		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 192 Larsen Rd. Underwood, WA 98651			
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home			
25. Facility Name (If not a facility, give number & street or location) 192 Larsen Rd.				26a. City, Town, or Location of Death Underwood		26b. State WA	27. Zip Code 98651
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, WA			
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672						32. Date of Disposition 3-7-05	
33. Funeral Director Signature X 							
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.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Carcinoma of the Ovary				Interval between Onset & Death 10/2002 53 mo	
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):				Interval between Onset & Death	
		c. Due to (or as a consequence of):				Interval between Onset & Death	
		d. Due to (or as a consequence of):				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - For this part, if my knowledge, death occurred at his (her) home, I will state the cause and date to the best of my knowledge, death occurred at his (her) home, I will state the cause and date to the best of my knowledge.				48b. Medical Examiner/Coroner - On the basis of examination, autopsy, investigation, and other available information, I certify that the cause of death was:			
X 				STATE OF WASHINGTON DEPARTMENT OF HEALTH MEDICAL EXAMINER/CORONER			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) James G. Jarney, III, MD POB 1519 White Salmon, WA 98672						50. Hour of Death (24hrs) 2000	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) 03/07/05	
53. Title of Certifier MD		54. License Number 012986		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 						58. Date Received (MM/DD/YYYY) 3/10/05	
59. Amendments							

Part 1 completed by Funeral Director

Part 2 completed by Certifier



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Telephone Number:
 Funeral Director Other (Specify):

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement, copy free of charge.

All changes must be established by documentary proof submitted with the affidavit.
 Examples of documentary proof: Certificate of Naturalization Military Records (DD 214) School Record
 Hospital Records Birth Records Voter's Registration Card (if it bears an effective date)
 Insurance Records Marriage/Divorce Records Passport Alien Registration Card (front and back)

Birth Certificates:

1. Only a parent, legal guardian of the child is under 18, or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

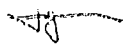
Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the informant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 100 (Rev. 9/2005)

CERTIFIED

MAR 10 2005


Justin Denny M.D.
 Health Officer
 Skamania Co. Health Dept.

MM00014911



Transamerica Title Insurance Company

THIS SPACE PROVIDED FOR RECORDER'S USE

FILED FOR RECORD AT REQUEST OF

WHEN RECORDED, RETURN TO

Name Riverview Savings Assn.

Address P. O. Box 1068

City, State, Zip Camas, WA. 98607



THE WITHIN BY SKAMANIA COUNTY RECORDER S. STEVENS, WA. 4:25 PM MAR 26 1985 MIC 206

Full Reconveyance

The undersigned as trustee under that certain Deed of Trust, dated June 14 1978 in which JOHN E. MANNING, JR. and ERMA J. MANNING, husband and wife is grantor and RIVERVIEW SAVINGS ASSOCIATION, a corporation is beneficiary recorded on June 16 1978 as Auditor's File No. 86601 in Volume 55 of Mortgages, at pages 480-3, records of Skamania County, Washington, having received from the beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligations secured by the Deed of Trust has been fully satisfied, does hereby reconvey without warranty to the person(s) entitled thereto all of the right, title and interest now held by said trustee in and to the property described in said Deed of Trust, situated in Skamania County, Washington, as follows:

That portion of the following described property lying Easterly of the Easterly line of Larson County Road, (County Road No. 3000), the South half of the Northeast quarter of the Northeast quarter of the Southeast quarter and the Southeast quarter of the Northeast quarter of the Southeast quarter of Section 15, Township 3, North, Range 10 E.W.M.

Skamania County Assessor

Date 3/21/85 Parcel # 3-16-15-130 Skamania County Assessor

Dated March 19 1985

TRANSAMERICA TITLE INSURANCE COMPANY (Trustee)

By Rick Barkow (Name - Title)

By Rick Barkow, Ass. State Secretary (Name - Title)

STATE OF WASHINGTON COUNTY OF

On this day personally appeared before me to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that signed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this day of 1985

Notary Public in and for the State of Washington, residing at

STATE OF WASHINGTON COUNTY OF Clark

On this 19th day of March 1985 before me the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn personally appeared Rick Barkow and to me known to be the President and Secretary of Transamerica Title Insurance Co. the corporation that executed the foregoing instrument and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he is authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereon affixed the day and year first above written.

Notary Public in and for the State of Washington, residing at Washougal