

Skamania County, WA
Total: \$207.50
DEED
Pgs=5

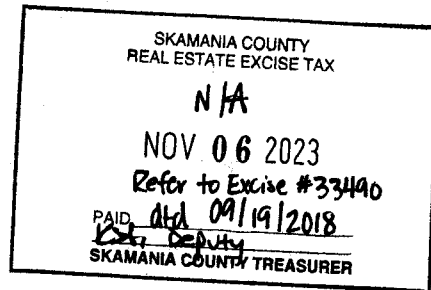
2023-001620

11/06/2023 02:40 PM

Request of: AMY MARIA WHITE LIVING ESTATE TRUS

00017226202300016200050056

When recorded return to:
AMY MARIA WHITE Living Estate Trust
P.O. Box 44
Bingen, Washington 98605



QUIT CLAIM DEED

THE GRANTOR MILDRED J. BOUCHER

Parcel # 030934210201017 (DM)

for and in consideration of the fully settled real estate contract dated September 6, 2018, with AFN #2018001926, and including Skamania County Real Estate Excise Tax #33490 paid September 19, 2018, and recorded on public record of Skamania County September 19, 2018.

in hand paid, conveys and quit claims to FRANK G. WEBSTER and AMY M. WHITE

the following described real estate, situated in the County of Skamania, State of Washington together with all acquired title of the grantors herein:

A tract of land located in the Southeast Quarter of Section 27 and the Northeast Quarter of Section 34, Township 3 North; Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

All that real property described in Quit Claim Deed filed in Book 65, Page 619, Skamania County:

All that area in Lots 1, 2, 3, 4, 5, 6, 7, & 8 of Block 7, Townsite of Cooks South of a line 85 feet North of and parallel to the South lines of said Lots 1, 2, 3, 4, 5, 6, 7, & 8 of Block 7, Townsite of Cooks.

AND ALSO:

All that area in Lots 2, 3, 4, 5, 6, 7, & 8 of Block 7, Townsite of Cooks North of a line 85 feet North and parallel to the South lines of said Lots 2, 3, 4, 5, 6, 7, & 8 Block 7, Townsite of Cooks.

AND ALSO:

All that area in Lot 13, Block 7, Townsite of Cooks laying East of a line that is parallel and East of the West line of said Lot 13, a distance of 27.3 feet.

AND ALSO:

A tract of land located in the Southwest quarter of the Southeast quarter of Section 27, Township 3 North, Range 9 East, W.M., more particularly described as follows: Beginning at a point on the south line of the said Section 27

which is West, 243 feet from the Southeast corner of the Southwest quarter of the Southeast quarter of the said section 27; thence N 23° 08'00" W, a distance of 44 feet; thence Southwesterly a distance of 110 feet, more or less to the Easternmost corner of Lot 14, Block 7, Townsite Cooks; thence East, 120.6 feet to the Point of Beginning.

LESS: The West 27.3 feet of that area in Lots 1, 2, 3, 4, 5, 6, 7, and 8 of Block 7, Townsite of Cooks.

Abbreviated Legal: (Required if full legal not inserted above.) Ptn. SE, Sec. 27, T3N, R9E, and NE Sec. 34, T3N, R9E, W.M.

Tax Parcel Number: 03093421020100

Skamania County Assessor

Date 11/6/23 Parcel # 3-9-34-2-1-201

State of Washington
County of Pacific

SS.

I certify that I know or have satisfactory evidence that Nancy R. Boucher-Elwood is the Executor of the Mildred J Boucher Estate and is the person who appeared before me, and said person acknowledged that she signed this instrument on behalf of said Mildred J. Boucher Estate and acknowledged it to be a free and voluntary act for the uses and purposes mentioned in this instrument.

Date:

David Ray Charles Crawford
Notary Name printed or typed: David Ray Charles Crawford
Notary Public in and for the State of
Residing at Washington

My appointment expires: 04-05-27

Date: 11-1-2023

Grantor: Nancy R. Boucher-Elwood



State of Washington
County of Pacific

SS.

On this 1 day of Nov, 2023 before me, the undersigned Notary Public, duly commissioned and sworn, personally appeared _____

that I know or has provided satisfactory evidence that they are said person and that they signed this instrument, on oath stated that they are authorized to execute the instrument and acknowledged it as the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Date:

David Ray Charles Crawford
Notary Name printed or typed: David Ray Charles Crawford
Notary Public in and for the State of
Residing at Washington

My appointment expires: 04-05-27

We, being over the age of twenty-one (21), of sound mind body and spirit, free of all duress or improper consideration, acknowledge and accept as the Grantees, the grant, assignment, transfer and conveyance of all rights, title, and interest in the property described in this attached Quit Claim Deed

Executed at Skamania County united States of America, on 11/06/2023 (date)

Date: 11/06/2023
Grantee [Signature]
Frank G. Webster

Date: 11/06/2023
Grantee [Signature]
Amy M. White

State of Washington
County of Skamania

SS.

On this 6th day of November, 2023 before me, the undersigned Notary Public, duly commissioned and sworn, personally appeared Frank G Webster and Amy M White that I know or has provided satisfactory evidence that they are said persons and that they signed this instrument, on oath stated that they are authorized to execute the instrument and acknowledged it as the free and voluntary act of such parties for the uses and purposes mentioned in the instrument.

Date: 11/06/2023



E N Haddox
Notary Name printed or typed: E N Haddox
Notary Public in and for the State of Washington

Residing at Carson

My appointment expires: 10/12/25

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-003585

LOCAL FILE NUMBER: 295

DATE ISSUED: 02/15/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MILDRED JOAN
LAST NAME(S): BOUCHER

COUNTY OF DEATH: CLARK
DATE OF DEATH: JANUARY 24, 2019
HOUR OF DEATH: 05:45 PM
SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: JULY 13, 1929
BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: HAIRDRESSER
INDUSTRY: COSMETOLOGY
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: NANCY BOUCHER-ELWOOD
RELATIONSHIP: DAUGHTER
ADDRESS: 6444 NE GOING STREET, PORTLAND, OREGON 97218

CAUSE OF DEATH:
A: COMPLICATIONS OF LEFT HIP FRACTURE
INTERVAL: -
B: DEHYDRATION FROM NO EATING OR DRINKING
INTERVAL: ONE WEEK
C: HYPERTENSION
INTERVAL: MONTHS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: NOVEMBER 19, 2018
HOUR OF INJURY: 03:30 PM
INJURY AT WORK: NO
PLACE OF INJURY: ASSISTED LIVING FACILITY

LOCATION OF INJURY: 7006 MISSISSIPPI DRIVE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

COUNTY: CLARK

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: HILLCREST ADULT FAMILY HOME
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 97218

RESIDENCE STREET: 7006 MISSISSIPPI DRIVE
CITY, STATE, ZIP: VANCOUVER, WA 98664
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 MONTH

FATHER/PARENT: RAYMOND M JACKMAN
MOTHER/PARENT: ROBERTA LOREE STEWART

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: JANUARY 28, 2019

FUNERAL FACILITY: ROSE CITY CEMETERY AND FUNERAL HOME

ADDRESS: 5625 NE FREMONT STREET
CITY, STATE, ZIP: PORTLAND, OREGON 97213
FUNERAL DIRECTOR: K. BUCK BLACKMON

MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: FUHUA H. GUO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 304 N LEISER RD
CITY, STATE, ZIP: VANCOUVER, WA 98664
DATE SIGNED: JANUARY 27, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: FUHUA GUO, MD

LOCAL DEPUTY REGISTRAR: TARA VAWTER
DATE RECEIVED: JANUARY 28, 2019



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

| | | | | |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

| | | | | |
|---|---|--|---|--------------------------------------|
| Required | Required information must match current information on record | | | |
| | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce) | | | |
| | 1. Name on Record: First Middle Last | | 2. Date of Event: MM/DD/YYYY | 3. Place of Event: City or County |
| | 4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden | | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden | |
| | 6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) | | | |
| 7. Return Mailing Address: P.O. Box or Street Address City State Zip | | | | |
| Telephone Number: () | | | Email Address: | |

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

| The record now shows: | The true fact is: |
|-----------------------|-------------------|
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |
| 14. | 15. |

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

| | |
|-----------------|---|
| 16a. Signature: | 16b. Signature of 2 nd parent (if required): |
| Printed name: | Date: |
| Printed name: | Date: |

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

FEB 15 2019

Alan Melnick

Alan Melnick, MD, MPH, CPH
Health Officer
Office of Public Health

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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