



Surviving Spouse  
43 Evergreen Dr.  
North Bonneville, WA 98639

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in my possession;

THAT the decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

THAT there is no Federal Estate tax due as a result of the decedent's death;

THAT no probate of the estate of CATHERINE L. PALMER has been instituted, nor is such probate contemplated;

THAT all of the real property owned by the decedent at the time of their death, or in which they had an interest was community property, was situated in Skamania County, and is more particularly described as follows:

See Attached Exhibit A.

Executed this seventh day of January, 2025

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Julie Sabo  
Juile Sabo, Attorney in Fact for  
Edward W. Palmer

**ACKNOWLEDGMENT**

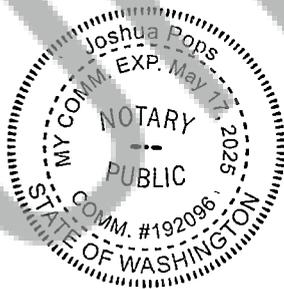
State of Washington )  
                                          ) ss  
County of Clark )

I certify that I know or have satisfactory evidence that Julie Sabo, Attorney in Fact for Edward W. Palmer is the person who appeared before me, and said person acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this seventh day of January, 2025.



Notary Public for the State of  
Washington. My appointment  
expires: 5/17/25.



**EXHIBIT A**  
**Legal Description**

A tract of land in the South half of Section 20, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a ¼ inch iron pipe North 01° 27' 50" West 787.76 feet from the centerline of the railroad over pass on the West line of the Johnson D. L. C.; thence South 16° 46' 08" East parallel to the West line of the said Johnson D. L. C. 300.06 feet to the Northerly boundary of State Road 14; thence South 65° 06' 11" West along the said Northerly boundary 209.78 feet, more or less, to the said West line 341.59 feet to a point that bears South 76° 30' 09" East 208.01 feet, more or less, to the point of beginning.

EXCEPT that portion deeded to the United States of America by deed recorded May 25, 1977, in Book 72, at Page 722 described as:

A tract of land situated in the G. W. Johnson Donation Land Claim No. 38 in Section 20, Township 2 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, being more particularly described as follows:

Beginning at the intersection of the West line of said G. W. Johnson D. L. C. with the Northerly right of way line of the Evergreen Highway (State Highway No. 14), thence Northwesterly along said D. L. C. line 70.78 feet; thence on an arc of a 814.90 foot radius curve to the right through an angle of 14° 39' 25" the long cord of which bears North 70° 38' 15" East, a distance of 208.46 feet; thence Southeasterly parallel to the Westerly line of said Evergreen Highway; thence Southwesterly along said right of way 209.68 feet to the point of beginning.

SUBJECT TO:

1. Rights of the Public in and to that portion lying within the road.
2. Restriction, including the term and provisions thereof, recorded June 4, 1976, in Book 71, Page 68, Skamania County Deed Records.

Skamania County Assessor *OMW*

Date 2/10/25 Parcel# 02072000020400

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

899927  
I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-2020-025442  
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name First: Catherine Middle: Lou Last: Palmer Suffix:				Death Date September 08, 2020	
	Sex Female		Age 84 years	Social Security Number [REDACTED]		County of Death Hood River
	Birthdate March 16, 1936		Birthplace Portland, Oregon			Was Decedent Ever in U.S. Armed Forces? No
	Residence: 43 A Evergreen Drive				City/Town North Bonneville	
	Residence County Skamania		State or Foreign Country Washington	Zip Code + 4 98639	Inside City Limits? Yes	
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Edward W. Palmer			
	Father's Name Leonard H. Ballif			Mother's Name Prior to First Marriage Jeanette Grow		
	Informant's Name Edward Palmer		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address PO Box 71, North Bonneville, WA 98639	
	Place of Death Hospital-Inpatient			Facility Name Providence Hood River Memorial Hospital		
	Location of Death 811 13th Street		City/Town or Location of Death Hood River		State Oregon	Zip Code + 4 97031
	Method of Disposition Burial		Place of Disposition Cascade Cemetery		Location (City/Town and State) North Bonneville, Washington	
	Name and Complete Address of Funeral Facility Anderson's Tribute Center (Funerals Receptions Cremations) 1401 Belmont Avenue, Hood River, Oregon 97031					
	Date of Disposition September 17, 2020		Funeral Director's Signature Jack Trumbull		Electronically Signed	OR License Number FS-3807
	Registrar's Signature Jennifer A. Woodward			Date Received September 10, 2020		Local File Number
	Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No		Autopsy? No	Were autopsy findings available to complete the cause of death?		Time of Death 1935
	CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. Dementia					Approximate Interval: Onset to Death Years
	Due to (or as a consequence of) ↓ b.					
	Due to (or as a consequence of) ↓ c.					
	Due to (or as a consequence of) ↓ d.					
	Other significant conditions contributing to death					
	Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? No	
	Date of Injury	Time of Injury	Place of Injury			Injury at Work?
	Location of Injury				Describe how injury occurred	
	Name and Address of Certifier Ryan Christian Petersen 810 12th Street, Hood River, Oregon 97031				Date Signed September 10, 2020	
Name and Title of Attending Physician If Other than Certifier				Title of Certifier M.D.		
Medical Certifier Ryan Christian Petersen		Electronically Signed	License Number MD24586		Amendment	

45-2CC (01/06)

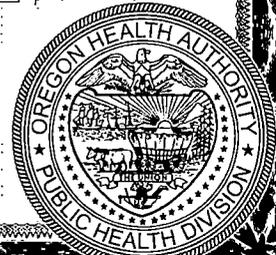


\*20200909424\*



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.  
September 10, 2020

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



DATE ISSUED: \_\_\_\_\_

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial  
Copy



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