

Moser current legal:

Lot 8 of Country Hollow Addition according to the plat record under instrument No. 217371, records of Asotin County, Washington

EXCEPT:

That part of Lot 8 of County Hollow Addition according to the plat record under instrument No. 217371, records of Asotin County, Washington, more particularly described as follows: Beginning at the Northwest corner of said Lot 8; thence South 17°12'26" West along the West line of said Lot 8 a distance of 35.62 feet; thence South 78°04' East, 201.61 feet; thence North 1°48' West, 83.79 feet to a point on the North line of said Lot 8; thence South 87°30' West along said North line a distance of 184.26 feet to the place of beginning.

EXCEPT:

That part of Lot 8 of County Hollow Addition according to the plat record under instrument No. 217371, records of Asotin County, Washington, more particularly described as follows: Commencing at the Northwest corner of said Lot 8; thence South 17°12'26" West along the West line of said Lot 8 a distance of 35.62 feet to the True Point of Beginning; thence South 78°04' East, 201.61 feet; thence South 14°36' West, 123.56 feet; thence South 1°37' East, 95.07 feet to a point on the South line of said Lot 8; thence South 87°30' West along said South line a distance of 251.80 feet to the Southwest corner of said Lot 8; thence North 17°12'26" East along the West line of said Lot 8 a distance of 279.80 feet to the True Point of Beginning.

Lane Current Legal:

That part of Lot 8 of County Hollow Addition according to the plat record under instrument No. 217371, records of Asotin County, Washington, more particularly described as follows: Commencing at the Northwest corner of said Lot 8; thence South 17°12'26" West along the West line of said Lot 8 a distance of 35.62 feet to the True Point of Beginning; thence South 78°04' East, 201.61 feet; thence South 14°36' West, 123.56 feet; thence South 1°37' East, 95.07 feet to a point on the South line of said Lot 8; thence South 87°30' West along said South line a distance of 251.80 feet to the Southwest corner of said Lot 8; thence North 17°12'26" East along the West line of said Lot 8 a distance of 279.80 feet to the True Point of Beginning.

AND

That part of Lot 8 in Block E-4 of Clarkston Heights, according to the recorded plat thereof, records of Asotin County Washington, described as follows: Beginning at the Northeast corner of said Lot 8; thence Southerly along the East line of said Lot 8 a distance of 90 feet; thence Westerly on a line parallel to the North line of said Lot 8 to a point on the West line of said Lot 8; thence Northerly along the West line of said Lot 8 to a point of intersection with the North line of said Lot 8; thence Easterly along the North line of said Lot 8 a distance of 562.7 feet, more or less, to the point of beginning.

MOSER TO LANE LEGAL:

That part of Lot 8 of Country Hollow Addition according to the Plat recorded under instrument No. 217371, records of Asotin County, Washington, more particularly described as follows: Commencing at the Northwest corner of said Lot 8; thence S.17°12'26"W along the West line of said lot 8 a distance of 35.62 feet; thence S.78°04'E., 201.61 feet to the TRUE PLACE OF BEGINNING; thence S.88°25'50"E., 91.29 feet; thence S.04°46'40"W., 97.22 feet; thence S.02°36'29"W., 110.68 feet to a point on South line of said Lot 8; thence S.87°30'00"W. along said South line a distance of 106.69 feet; thence N.01°37'00"W., 95.08 feet; thence N.14°36'00"E., 123.56 feet to the TRUE PLACE OF BEGINNING.

52445

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, HAS LEGAL FORCE. AS FROM A FACE EVIDENCE OF THE DEATH UNDER SECTION AND 33-27, IDAHO CODE.

Local Reg. No. _____

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DUANE F. MOSER		2. SEX MALE	3. SOCIAL SECURITY NUMBER ██████████		
	4a. AGE-Last Birthday 76 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) ██████████		
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON		
	7d. STREET AND NUMBER 2154 23RD ST.		7e. APT. NO.	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) CAROL JEANNE BEUKE		
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11a. FATHER'S NAME (First, Middle, Last, Suffix) FRANCIS RAY MOSER		11b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON		
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EVALONA MAE MCGEE		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	13a. INFORMANT'S NAME (Type or print) JEANNE MOSER		13b. RELATIONSHIP TO DECEDENT WIFE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2454 23RD ST. CLARKSTON, WA 99403		
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW			17b. LICENSE NUMBER (Of licensee) M0771	18. WAS CORNER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE	
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 13, 2018		24. TIME OF DEATH (24hr) 00:30	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 13, 2018		
	26. TIME PRONOUNCED DEAD (24hr) 00:30		27. CAUSE OF DEATH			
CAUSE OF DEATH	PART I. 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. Enter only one cause on a line. Approximate Time Interval: Onset to Death					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. RESPIRATORY FAILURE DUE TO (or as a consequence of): b. METASTATIC RENAL CANCER DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of):					
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	PART II. Enter pertinent conditions contributing to death, but not resulting in the underlying cause given in Part I. ASCVD; HYPERTENSION; HYPERLIPIDEMIA					
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____						
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable						
38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.				39b. LICENSE NUMBER M-04849	
	<input type="checkbox"/> 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 stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: MICHAEL C. MINICK, M.D.				39c. DATE SIGNED 2 / 13 / 2018 MM DD YYYY	
REGISTRAR	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL C. MINICK, 415 SIXTH STREET LEWISTON, ID 83501				40b. DATE SIGNED 2 / 15 / 2018 MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>				40c. DATE SIGNED 2 / 15 / 2018 MM DD YYYY	

DATE ISSUED: **FEB 16 2018**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAMES B. AYDELOTTE
STATE REGISTRAR

52445



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STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

Pauline Durst

el Vital Statistics Registration Official

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