

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

111325

BOOK 123 PAGE 518

50329

OREGON DEPARTMENT OF HUMAN RESOURCES

04732

HEALTH DIVISION

Vital Records Unit

90-017201

Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME Thelma Fay ALLAMAND		2. SEX F		3. DATE OF DEATH (Month, Day, Year) August 26, 1990	
4. SOCIAL SECURITY NUMBER 71	5. AGE (Years, Months, Days) 71	6. UNDER 1 Year Yes	7. UNDER 1 Day Yes	8. BIRTHPLACE (City, State, Country) Reville, WA	9. DATE OF BIRTH (Month, Day, Year) December 31, 1918
10. PLACE OF DEATH (City, State, Country) Carman Foster Care Home, Portland, Multnomah					
11. DECEASED EVER IN U.S. ARMED FORCES? No					
12. DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Beautician					
13. DECEASED'S USUAL BUSINESS (One kind of work done during most of working life. Do not use retired) Hair Styling					
14. MARITAL STATUS (At time of death) Married					
15. SPOUSE (Name, Relationship) Karl Allamand					
16. RESIDENCE - STATE Oregon					
17. RESIDENCE - COUNTY Clackamas					
18. CITY/TOWN OR LOCATION Milwaukie					
19. STREET AND NUMBER 8427 Southeast Marigold Street					
20. ZIP CODE 97267					
21. RACE (Specify) White					
22. DECEASED'S EDUCATION (Specify any beyond high school) 12					
23. FATHER - NAME (Full Name) Charles - Cook		24. MOTHER - NAME (Full Name) Mabel - Purdy		25. INFORMANT - NAME and Relationship to Decedent Karl Allamand - Spouse	
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.) Willamette National Cemetery		28. LOCATION - City or Town, State Portland, Oregon	
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Robert D. Steen</i>		30. LICENSE NUMBER 3373		31. NAME, ADDRESS AND ZIP OF FACILITY Stehn's Milwaukie Funeral Home 2906 Southeast Harrison Street Milwaukie, Oregon 97222	
32. DATE FILED (Month, Day, Year) SEP 11 1990		33. REGISTRAR'S SIGNATURE <i>Edward J. Johnson</i>			
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL CFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		35. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
36. TIME OF DEATH 0415		37. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
38. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Paul Chung</i>					
39. DATE SIGNED (Month, Day, Year) 8/31/90					
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (If not on file) Paul Chung, M.D. - Mount Scott Medical Clinic - Clackamas, Oregon 97266					
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (If not on file)					
42. IMMEDIATE CAUSE (Enter only one cause per line for Part I and only one for Part II of 500.2. Do not use "and" or "or" or "by") Cardiovascular arrest					
43. DUE TO OR AS A CONSEQUENCE OF Metastatic Colon Cancer					
44. DUE TO OR AS A CONSEQUENCE OF					
45. OTHER SIGNIFICANT CONDITIONS - (Cancer, infection, etc. Do not include conditions listed in 42, 43, 44)					
46. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Accidental <input type="checkbox"/> Unknown <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal <input type="checkbox"/> Execution		47. DATE OF INJURY (Month, Day, Year)		48. TIME OF INJURY	
49. PLACE OF INJURY (Name of facility, street, etc.)		50. LOCATION (City, State, ZIP)		51. DESCRIBE HOW INJURY OCCURRED	

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED

APR 08 1991

EDWARD J. JOHNSON
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Last Will and Testament

OF

THELMA F. ALLAMAND

KNOW ALL MEN BY THESE PRESENTS, that I, THELMA F. ALLAMAND of Milwaukie, Oregon, of my own free will, do make this my Last Will and Testament, revoking all other and former Wills and Codicils.

FIRST: I direct that all my just debts and obligations, including the expense of my last illness be paid as soon after my death as is practicable.

SECOND: I give, devise and bequeath all of my property both real and personal to my husband, Karl C. Allamand.

THIRD: In the event my husband, Karl C. Allamand fails to survive me by thirty days, then and in that event I give, devise and bequeath as follows:

- (a) 75% of my entire estate to Jean Nicolas Allamand of Coquille, Oregon, my son
- (b) 20% of my entire estate to Beverly Mitchell of Belt, Montana, my daughter by adoption
- (c) 5% of my entire estate to Mary Gumaer of Kerrville, Texas, my daughter by adoption

FOURTH: I hereby nominate and appoint my husband, Karl C. Allamand to serve as personal representative of this my Last Will and Testament to serve without bond. In the event he fails to survive me or is unable or declines to act, then and in that event I nominate and appoint Jean Nicolas Allamand, to serve without bond.

FIFTH: I empower my personal representative to sell at public or private sale, whenever he deems it desirable in the interest of my estate, for cash or upon credit, to mortgage, lease, exchange, transfer, convey, or otherwise dispose of, or encumber, all or any part of my property for a price which, in the discretion of my personal representative seems adequate.

IN WITNESS WHEREOF, I hereunto set my hand at Milwaukie, Oregon, this 11 day of February, 1982.

Thelma F. Allamand
TESTATRIX

The foregoing instrument was, on the date it bears, signed, published, and declared by THELMA F. ALLAMAND to be her Last Will and Testament in our presence, who, at her request and in her presence and in the presence of each other, all being present at the same time, have hereunto subscribed our names as witnesses.

[Signature]

Residing at 10414 Marica

Milwaukie, Oregon 97131

[Signature]

Residing at 6315 St. James

Milwaukie, Oregon

FILED IN RECORD
BY SKAMANIA CO. TITLE

JUN 4 11 18 AM '81

[Signature]
GARY J. JOHNSON

Registered	<input checked="" type="checkbox"/>
Indexed, Dir	<input checked="" type="checkbox"/>
Indirect	<input checked="" type="checkbox"/>
Filed 6-10-81	<input checked="" type="checkbox"/>
Mailed	<input checked="" type="checkbox"/>

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

NR
SAUNDRA WILLING
TREASURER OF SKAMANIA COUNTY

2-6-34-1-4-3300

AFFIDAVIT OF ATTESTING WITNESSES TO WILL

OF

THELMA F. ALLAMAND

STATE OF OREGON)
) ss.
County of Clackamas)

We, the undersigned, being sworn, each for myself, say:

That on the date of the attached Will of the above named Testatrix in our presence, signed the same and declared it to be her Will, whereupon, at her request, and in her presence, we attested the Will by signing our names thereto.

To the best of my knowledge and belief, the Testatrix was, at that time, over the age of eighteen years and of sound mind.



SUBSCRIBED AND SWORN to by each of the affiants above
named this 17 day of February, 1982.



Notary Public for Oregon
My Commission expires: 12-8-85

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT