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BOOK 164 PAGE 940

FILED FOR RECORD
SKAMANIA CO. WASH
BY Thomas Foley

MAY 1 4 33 PM '97
P Lowry
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name THOMAS J. FOLEY, Attorney at Law

Address POB 129

City/State Stevenson WA 98648

Document Title(s): (or transactions contained therein)

1. Death Certificate
2.
3.
4.

First American Title Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. LINDA VIOLA DUNHAM
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. GREGORY H. DUNHAM
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots 5 & 6 of MAPLE HILL TRACTS #3 according to the official plat thereof at pg. 144 of Book A of Plats, records of Skamania County.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

3-7-25-B-1700

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

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CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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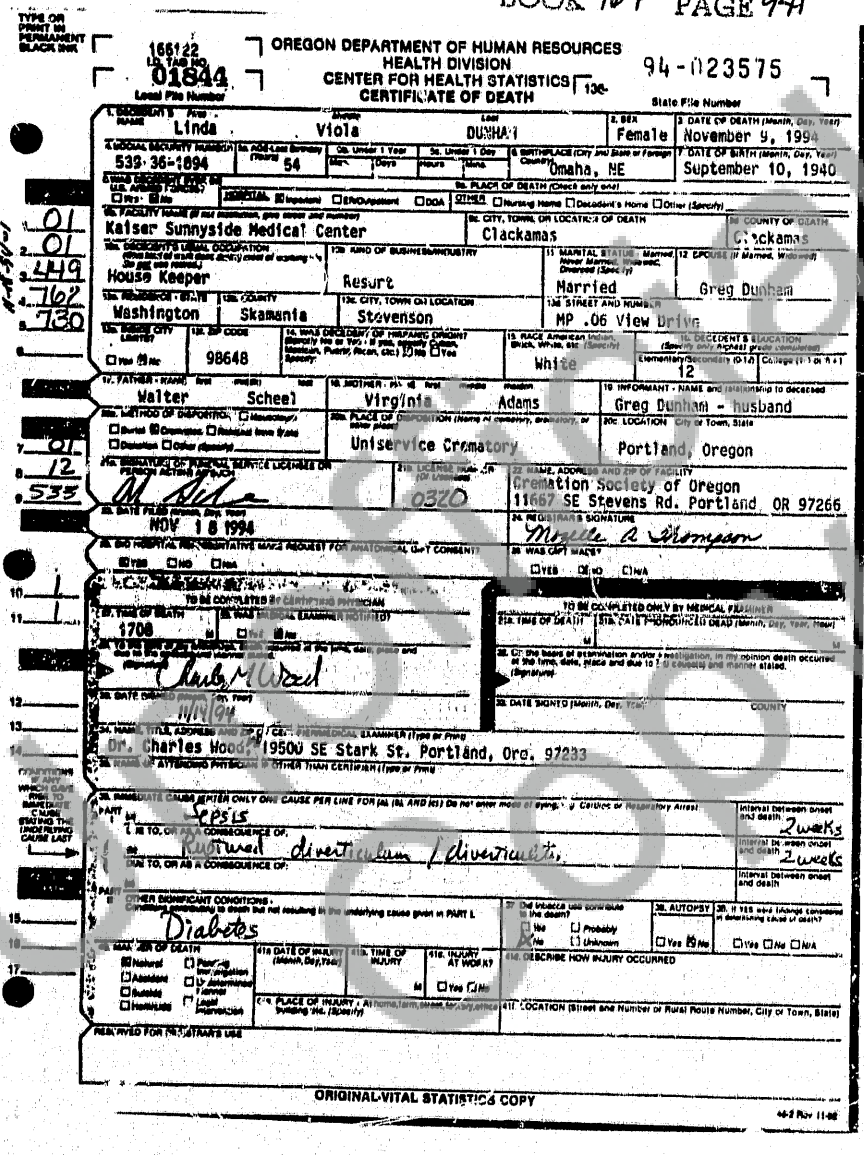

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

166122 (Ld. Yrs No.)
01844 (Local File Number)
94-023575 (State File Number)

1. DECEDENT'S NAME: Linda Viola DUNHAM
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 9, 1994
4. SOCIAL SECURITY NUMBER: 533-36-1894
5a. AGE-Last Birthday (Years): 54
6. BIRTHPLACE (City and State or Foreign Country): Omaha, NE
7. DATE OF BIRTH (Month, Day, Year): September 10, 1940
9. PLACE OF DEATH: HOSPITAL Inpatient; OTHER Nursing Home
10. FACILITY NAME: Kaiser Sunnyside Medical Center
11. CITY, TOWN, OR LOCATION OF DEATH: Clackamas
12. COUNTY OF DEATH: Clackamas
13a. DECEDENT'S USUAL OCCUPATION: House Keeper
13b. KIND OF BUSINESS/INDUSTRY: Resort
14. MARITAL STATUS: Married
15. SPOUSE: Greg Dunham
16a. RESIDENCE - STATE: Washington
16b. COUNTY: Skamania
16c. CITY, TOWN OR LOCATION: Stevenson
16d. STREET AND NUMBER: MP .06 View Drive
16e. INSIDE CITY LIMITS: No
16f. ZIP CODE: 98648
17. WAS DECEDENT OF HISPANIC ORIGIN: No
18. RACE: White
19. DECEDENT'S EDUCATION: 12
20. FATHER - NAME: Walter Scheel
21. MOTHER - NAME: Virginia Adams
22. INFORMANT - NAME and relationship to deceased: Greg Dunham - husband
23a. METHOD OF DISPOSITION: Cremation
23b. PLACE OF DISPOSITION: Uniservice Crematory
23c. LOCATION: Portland, Oregon
24a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: M Stelzer
24b. LICENSE NUMBER: 0320
24c. NAME, ADDRESS AND ZIP OF FACILITY: Cremation Society of Oregon 11667 SE Stevens Rd. Portland OR 97266
25. DATE FILED: NOV 18 1994
26. REGISTRAR'S SIGNATURE: Mozelle A Thompson
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? No
28. WAS GIFT MADE? No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

29. TIME OF DEATH: 1708
30. WAS MEDICAL EXAMINER NOTIFIED? No
31. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the cause(s) and manner stated.
(Signature): Charles M Wood
32. DATE SIGNED: 11/9/94
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): Dr. Charles Wood, 19500 SE Stark St. Portland, Ore. 97233
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

35a. TIME OF DEATH
35b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
36. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
37. DATE SIGNED (Month, Day, Year)
COUNTY

38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest
PART I
a. Sepsis — Interval between onset and death: 2 weeks
b. DUE TO, OR AS A CONSEQUENCE OF: Ruptured diverticulum / diverticulitis — Interval between onset and death: 2 weeks
c. DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Diabetes
39. Did tobacco use contribute to the death? No
40. AUTOPSY: No
41. If YES were findings considered in determining cause of death? No
42. MANNER OF DEATH: Natural
43. DATE OF INJURY (Month, Day, Year)
44. TIME OF INJURY
45. INJURY AT WORK? No
46. DESCRIBE HOW INJURY OCCURRED
47. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
48. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

46-2 Rev 11-88

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

DATE ISSUED: APR 23 1997

EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE