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FILED FOR RECORD
SKAMANIA COUNTY, WASHINGTON
BY SKAMANIA CO. TITLE

AUG 6 2 41 PM '99
O Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:
Name Toni Scandiffio
Address 17790 SW Cheyenne Way
City / State Tualatin, OR 97062

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. PILAND, ALLAN JAMES
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
20344
AUG - 6 1999
PAID exempt
SKAMANIA COUNTY TREASURER
By Deputy

Grantee(s): (Last name first, then first name and initials)
SCANDIFFIO, TONI
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)
NORTHWESTERN LAKE CABIN SITE 17

Gary H. Martin, Skamania County Assessor
Date 8-6-99 Parcel # 43-10-02-417
Va

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 43-10-02-0-0-0417

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.*

CERTIFICATION OF VITAL RECORD

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OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

C 9 9 0 2
I.D. TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1 DECEDENT'S NAME — First: Allan — Middle: James — Last: PILAND
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): February 21, 1992
4 SOCIAL SECURITY NUMBER: 540 24 0457
5a AGE - Last Birthday (Years): 66
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Yakima, WA
7 DATE OF BIRTH (Month, Day, Year): July 9, 1925
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Woodland Park Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Portland
9d COUNTY OF DEATH: Multnomah
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mechanical Engineer
10b KIND OF BUSINESS/INDUSTRY: Fire Protection
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12 SPOUSE (If Married, Widowed):
13a RESIDENCE - STATE: Washington
13b COUNTY: Klickitat
13c CITY, TOWN, OR LOCATION: White Salmon
13d STREET AND NUMBER: 17 North Lake Park Road
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 98672
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15 RACE - American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10 — College (1-4 or 5+):
17 FATHER - NAME first middle last: Earl Piland
18 MOTHER - NAME first middle maiden: Edna Signe Nordgard
19 INFORMANT - NAME and relationship to deceased: Toni Scandiffio - Daughter
20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Caldwell's Cremation Service
20c LOCATION - City or Town, State: Portland, Oregon
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b LICENSE NUMBER (Of Licensee): 53 0254
22 NAME, ADDRESS AND ZIP OF FACILITY: Pearson Allen Caldwell Funeal Home, 223 S.E. 122nd Ave. Ptld. OR 97233
23 DATE FILED (Month, Day, Year): MAR 02 1992
24 REGISTRAR'S SIGNATURE: [signature]
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26 WAS GIFT MADE? ☒ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 2:00 PM
28 WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [signature] MD
30 DATE SIGNED (Month, Day, Year): 2-26-92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32 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)
33 DATE SIGNED (Month, Day, Year) — COUNTY

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Curtis Marr, MD 265 North Broadway Portland, OR 97227
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36 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) Respiratory Failure - requiring intubation — Interval between onset and death: 2-3 hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) Exacerbation of COPD — Interval between onset and death: Years
DUE TO, OR AS A CONSEQUENCE OF:
(c) Chronic Tobacco Abuse — Interval between onset and death: 50 years

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: s/p Lobectomy for lung CA

37 Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38 AUTOPSY ☐ Yes ☒ No
39 If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY M
41c INJURY AT WORK? ☐ Yes ☐ No
41d DESCRIBE HOW INJURY OCCURRED
41e PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 1-89

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 MAR 02 1992

[signature]
EDWARD J. JOHNSON II,
COUNTY REGISTRAR