135982

BOOK 192 PAGE 227

FILED FOR RECORD AT REQUEST OF SKAMANIA COUNTY TITLE CO. WASH
BY Betty Brader
Aug 11 10 32 AM '99
P Lowry
DEPUTY
GARY M. OLSON
AUDITOR

RETURN ADDRESS:

Betty Brader
3612 Wind River Rd
Carson, WA 98610

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Brader, Benjamin Alfred
2.
3.
4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Brader, Betty
2.
3.
4.

Received
Recorded
Indexed
Mailed
Filmed
Verified

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

NW¼ SW¼ Sect. 8 T3N R8EWM

☐ Complete Legal on Page _____ of Document.

REAL ESTATE EXCISE TAX
20353
AUG 11 1999
PAID Exempt
SW
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-08-07-0-0-0500-00
03-08-08-0-0-0600-00

☐ Property Tax parcel ID is not yet assigned.
☐ Additional Parcel Numbers on Page _____ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

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228185 I.D. NO. 03965

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

Local File Number — 136- — State File Number

1. DECEDENT'S NAME: First Benjamin; Middle Alfred; Last BRADER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 17, 1998
4. SOCIAL SECURITY NUMBER: 533-13-3769
5a. AGE-Last Birthday (Years): 80
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Vancouver, WA
7. DATE OF BIRTH (Month, Day, Year): October 4, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☐No
HOSPITAL: ☐Inpatient ☐ER/Outpatient ☐DOA
9a. PLACE OF DEATH (Check only one): ☐Nursing Home ☐Decedent's Home ☐Other (Specify)
OTHER
9b. FACILITY NAME (If not institution, give street and number): Providence Medical Center
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.): Heavy Equipment
10b. KIND OF BUSINESS/INDUSTRY: Logging/Roads
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Betty G. Brader
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Carson
13d. STREET AND NUMBER: 3612 Wind River Road
13e. INSIDE CITY LIMITS? ☐Yes ☒No
13f. ZIP CODE: 98610
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): 12; College (1-4 or 5+):
17. FATHER - NAME: First Henry; Middle; Last Brader
18. MOTHER - NAME: First Hattie; Middle; Maiden Lusby
19. INFORMANT - NAME and relationship to deceased: Betty Brader, wife
20a. METHOD OF DISPOSITION: ☐Burial ☒Cremation ☐Removal from State ☐Donation ☐Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Win-quatt Crema ;ory
20c. LOCATION - City or Town, State: The Dalles, OR
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. C. Meinicke
21b. OREGON LICENSE NO. (Or License): 1482 (WA)
21c. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672
22. DATE FILED (Month, Day, Year): JUL 28 1998
24. REGISTRAR'S SIGNATURE: Hilda Chaskiadams
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 8:10 P. M
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): Peter Fisher
30. DATE SIGNED (Month, Day, Year): 7/21/98
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): Peter B. Fisher, M.D. 5314 NE Irving Portland, OR 97213
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. PART I
(a) Renal Failure — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) vasculitis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Heart surgery — 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.

37. Did tobacco use contribute to the death? ☐Yes ☐Probably ☐No ☒Unknown
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 ☐Other
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
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

Gary H. Marks, Skamania County Assessor
Date 8/4/98 Parcel # 03 08 07 00 0500 00
03 08 08 00 0600 00

ORIGINAL-VITAL STATISTICS COPY
45-2 Rev. 10/97

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY RECISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED JUL 28 1998

Hilda Chaskiadams
HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

Security Features Included

AN ALTERATION OR ERASURE VOIDS THIS CERTIFICATE