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BOOK 211 PAGE 269

FILED FOR RECORD
SKAMANIA CO. WASH
BY Fenner Barnhisel Willis et al
JUN 19 4 27 PM '01
P Lavry
AUDITOR
GARY M. OLSON

RETURN ADDRESS:

Susan H. Poole
2730 S. W. Fairmont
Corvallis, OR 97330

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Certified Death Certific te of Irene Esther Hufford.
2.
3.
4.

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

1. Susan H. Poole, Trustee of the Irene B. Hufford Living
2. Trust dated October 6, 1993.
3.
4.

☐ Additional Names on Page _____ of Document.

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

1. Susan H. Poole and Robert R. Poole, Trustees of the
2. Susan H. Poole Living Trust Dated August 1, 1996.
3.
4.

☐ Additional Names on Page _____ of Document.

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

SE 1/4 SE 1/4 of Sec. 26 T2N R6E

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Tax Account No. 02-06-26-4-0-2300-00

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ 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

BOOK 21 PAGE 270

TYPE OR PRINT IN PERMANENT BLACK INK

5 PD

334721
I.D. TAG NO.

02263
Local File Number

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

136-
State File Number

1. DECEDENT'S NAME (First / Middle / Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Irene Esther HUFFORD	Female	November 21, 2000

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
[redacted]	89			Portland, OR	October 21, 1911

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

1	8b. FACILITY NAME (If not institution, give street and number)	8c. CITY, TOWN, OR LOCATION OF DEATH	8d. COUNTY OF DEATH
	1355 Boone Rd SE	Salem	Marion

2	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If wife, wife's maiden name)
	Homemaker	Own. Home	Widowed	Samsoa G. Hufford

3	13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
	Oregon	Marion	Salem	1355 Boone Rd. SE

4	13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)
	☒ Yes ☐ No	97306	☐ No ☐ Yes	White	Elementary/Secondary (0-12): 12 / College (1-4 or 5+):

5	17. FATHER - NAME (first / middle / last)	18. MOTHER - NAME (first / middle / maiden)	19. INFORMANT - NAME and relationship to deceased
	Nels John Benson	Johanna - Johnson	Susan Poole-Daughter

6	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	20c. LOCATION - City or Town, State
	☒ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Finley Sunset Hills Memorial Park	Portland, OR

7	21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NO. (Licensee)	21c. NAME, ADDRESS AND ZIP OF FACILITY
	[signature]	3725	Finley Sunset Hills 6801 SW Sunset Hwy. Portland, OR 97225

8	23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
	DEC 11 2000	[signature]

RESERVED FOR REGISTRAR'S USE

10	TO BE COMPLETED BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER
	27. TIME OF DEATH: 2:25 AM 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]	31a. TIME OF DEATH AM PM
	30. DATE SIGNED (Month, Day, Year) 12/1/2	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
		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)

Carmen Chebak MD 5125 Skyline Rd S. Salem, OR 97306

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

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

		Interval between onset and death
PART I (a)	Advanced dementia	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b)		
	DUE TO OR AS A CONSEQUENCE OF:	Interval between onset and death
(c)		

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 this death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		AM PM	☐ Yes ☐ No	

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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/00

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

DATE ISSUED: DEC 11 2000

Joseph P. Fowler
JOSEPH P. FOWLER
COUNTY REGISTRAR
MARION COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE