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INCORPORATED UNDER THE LAWS OF THE STATE OF WASHINGTON IN 1919

MAR 25 1 25 PM '94

AUDITOR
GARY M. OLSON

REAL ESTATE EXCISE TAX

Wauna Lake Club

exempt

Proprietary Membership Certificate

Certificate Number 105

BOOK 142 PAGE 83

119004

This is to certify that RUTH E. BURNS is a proprietary member of the Wauna Lake Club and entitled to all the benefits and privileges of a proprietary member as defined and prescribed by the by-laws, rules and regulations now in force, or that may hereafter be adopted, or promulgated by the club or Trustees thereof.

This certificate cannot be transferred or assigned, and must be surrendered to the secretary of this organization at the death of the proprietary member holding it, or at the time of his withdrawal or removal from this club for any reason whatsoever.

In Witness Whereof, Wauna Lake Club has caused these presents to be signed by its president and attested to by its secretary and its corporate seal affixed thereto this 1ST day of MAY, 1991.

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Wauna Lake Club

By _____ President

Attested: _____ Secretary

Unofficial Copy

Glenda J. Kimmel, Skamania County Assessor
Parcel 1-5-1-1110 32 03 15 00 1550 00 BOOK 142 PAGE 84

Non-Transferable

No. 50

WAUNA LAKE CLUB

THIS CERTIFIES that RUTH E. BURNS is the registered holder of LEASE DEPOSIT CERTIFICATE on Site Number 50

This certificate shall be governed by the By-Laws of the Wauna Lake Club; and upon surrender of this Lease Deposit Certificate the above amount, without interest, will be returned.

Dated this 1ST day of MAY 1991

Secretary-Treasurer

Unofficial Copy

CERTIFICATION OF VITAL RECORD

070836
ID TAG NO

C3298
Local File Number

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

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136
State File Number

DECEDENT

1. DECEDENT'S NAME: Robert Leslie BURNS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): June 13, 1990
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE (Last Birthday): 67
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins
6. BIRTHPLACE (City and State or Foreign Country): McCall, Idaho
7. DATE OF BIRTH (Month, Day, Year): October 24, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Mt. Hood Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Gresham
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Attorney
10b. KIND OF BUSINESS/INDUSTRY: Law
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed): Ruthe
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN, OR LOCATION: Gresham
13d. STREET AND NUMBER: 2915 S.W. Pleasant View Dr.
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 97080
14. WAS DECEDENT OF HISPANIC ORIGIN? [ ] Yes [X] No
15. RACE: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): College (1-4 or 5+): 5

PARENTS

17. FATHER - NAME: Wallace G. Burns
18. MOTHER - NAME: Lela Castro
19. INFORMANT - NAME: Ruthe Burns/Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette National Cemetery
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): 0152
22. NAME, ADDRESS AND ZIP OF FACILITY: Bateman Carroll Funeral Chapel, P.O. Box 407, Gresham, OR 97030

REGISTRAR

23. DATE FILED (Month, Day, Year): JUN 22 1990
24. REGISTRAR'S SIGNATURE: [signature]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION? [ ] YES [ ] NO [X] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:03 AM
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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] 6/13/90
30. DATE SIGNED (Month, Day, Year): 6/13/90
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Marshall Brown, MD, P.O. Box 391, Gresham, OR 97030
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

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

34. 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) Cirrhosis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Metastatic Ca of Prostate — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

37. Did tobacco use contribute to the death? [ ] Yes [ ] No [ ] Probably [X] Unk
38. AUTOPSY? [ ] Yes [X] No
39. IF YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [X] 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)

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

DATE ISSUED JUL 01 1990

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

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