

BOOK 748 PAGE 20

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0-4-5

2055-73

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

Signs of the Flood

[illegible]

Dr. *[Signature]* Period # 3-8-29-1-1-4500
Shamans County Assessor
1/25/95

FILED FOR RECORD
SKAMANIA CO. WASH
BY *David Esch*

~~REAL ESTATE EXCISE TAX~~

17146

~~JAN 25 1995~~

PAID Exempt
IN

SKAMANIA COUNTY TREASURER

DOROTHY A. ODELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
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AUDITOR
GARY M. OLSON

DATE ISSUED

JUN 10 1964

