

2. Richard A. Welsh and I were married in Portland, Oregon in or about 1930. By deed recorded in Book 28, Page 6, Auditor's File No. 28505, records of Skamania County, Washington, we purchased, as husband and wife, the above-described property.

3. Richard A. Welsh died on August 14, 1968, a resident of Skamania County, Washington. A certified copy of his death certificate is attached hereto and incorporated herein. There were no children born of our marriage. No will or probate of the estate of Richard A. Welsh was ever filed. Richard A. Welsh left no separate property at the time of his death.

4. On March 2, 1970 I married Hallen Jessen. During our marriage we continued to reside at 0.01R Ryan-Allen Road, Stevenson, Washington. In November of 1976 Hallen Jessen and I recorded a Community Property Agreement in Book 71, Page 973, records of Skamania County, Washington. Each of the parties to the Community Property Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or any agreements that would have the effect of abrogating or nullifying the Agreement.

5. Hallen Jessen died on October 23, 1991, a resident of Skamania County, Washington. A certified copy of his death certificate is attached hereto and incorporated herein. There were no children born of our marriage. No will or probate of the estate of Hallen Jessen was ever filed. Hallen Jessen left no separate property at the time of his death.

6. All of the obligations of the marital communities composed of myself and of Richard A. Welsh and of myself and Hallen

BOOK 151 PAGE 816

Jessen were paid in full, and all expenses of last illness and for funeral and burial service of my decedent spouses were paid in full.

7. I have resided at 0.01R Ryan-Allen Road, Stevenson, Washington, continually since it was purchased by Richard A. Welsh and me in 1940. I am informed and believe that the title records of Skamania County, Washington show that title to the property is vested in Richard A. Welsh and Florence W. Welsh as husband and wife.

8. Based on the foregoing, I allege that I am the sole survivor of both Richard A. Welsh and Hallen Jessen, and that title to the subject property should have vested in my name alone, as a single woman, as of the death of Hallen Jessen.

Florence Wynn Jessen
FLORENCE WYNN JESSEN



and sworn to before me this 4th day of August,
Florence Wynn Jessen.

Jan C. Kielpiński
Name Jan C. Kielpiński
NOTARY PUBLIC in and for
the State of Washington
My commission expires 4-28-78

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

BOOK 151 PAGE 817

STANDARD CERTIFICATE OF DEATH
STATE OF OREGON
BOARD OF HEALTH - PORTLAND STATE
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER: 3921
STATE FILE NO. 68 011886
DATE RECEIVED: AUG 22 1968

1. NAME OF DECEASED: Richard Welsh
2. PLACE OF DEATH: Multnomah County, Portland
3. USUAL RESIDENCE: WASHINGTON County, Seaside
4. DATE OF DEATH: August 14, 1968
5. COLOR OR RACE: white
6. SOCIAL SECURITY NO.: [redacted]
7. USUAL OCCUPATION: Nat. Maint. Supervisor
8. DATE OF BIRTH: Nov. 25, 1901
9. AGE LAST BIRTHDAY: 66
10. NAME OF FATHER: Joseph Welsh
11. NAME OF MOTHER: Elizabeth Richardson
12. CAUSE OF DEATH: Cardiovascular
13. PARTS OF DEATH: Acute myocardial infarction, coronary occlusion
14. DEATH CERTIFICATE: 8-14-68
15. REGISTERED BY: H. Johnson
16. REGISTERAR'S SIGNATURE: Edward J. Johnson
17. REGISTERAR'S ADDRESS: Caldwell's Colonial Mortuary-Portland, Ore.

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED. WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. AGE SHOULD BE STATED EXACTLY. PHYSICIAN SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. THAT IT MAY BE PROPERLY CLASSIFIED.



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED JUL 05 1995

EDWARD J. JOHNSON
STATE REGISTRAR



CERTIFICATION OF VITAL RECORDS

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

BOOK 151 PAGE 817

STANDARD CERTIFICATE OF DEATH

LEGAL DEPARTMENT NO. 39211 STATE FILE NO. 158 011886

1. NAME OF DECEASED: *Harold O. Amundson*

2. PLACE OF DEATH:
A. COUNTY: *Washington* B. CITY, TOWN OR LOCATION: *Washburn*

3. DATE OF DEATH: *8-13-68*

4. SOCIAL SECURITY NO.: *540-05-1000*

5. MARITAL STATUS: *Wife*

6. OCCUPATION: *U.S. Navy*

7. NAME OF PHYSICIAN: *Dr. [illegible]*

8. CAUSE OF DEATH: *Heart failure*

9. MANNER OF DEATH: *Natural*

10. SIGNATURE OF REGISTRAR: *[Signature]*

11. DATE OF DEATH: *8-13-68*

12. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

13. SIGNATURE OF PHYSICIAN: *[Signature]*

14. SIGNATURE OF REGISTRAR: *[Signature]*

15. DATE OF DEATH: *8-13-68*

16. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

17. SIGNATURE OF REGISTRAR: *[Signature]*

18. DATE OF DEATH: *8-13-68*

19. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

20. SIGNATURE OF REGISTRAR: *[Signature]*

21. DATE OF DEATH: *8-13-68*

22. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

23. SIGNATURE OF REGISTRAR: *[Signature]*

24. DATE OF DEATH: *8-13-68*

25. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

26. SIGNATURE OF REGISTRAR: *[Signature]*

27. DATE OF DEATH: *8-13-68*

28. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

29. SIGNATURE OF REGISTRAR: *[Signature]*

30. DATE OF DEATH: *8-13-68*

31. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

32. SIGNATURE OF REGISTRAR: *[Signature]*

33. DATE OF DEATH: *8-13-68*

34. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

35. SIGNATURE OF REGISTRAR: *[Signature]*

36. DATE OF DEATH: *8-13-68*

37. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

38. SIGNATURE OF REGISTRAR: *[Signature]*

39. DATE OF DEATH: *8-13-68*

40. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

41. SIGNATURE OF REGISTRAR: *[Signature]*

42. DATE OF DEATH: *8-13-68*

43. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

44. SIGNATURE OF REGISTRAR: *[Signature]*

45. DATE OF DEATH: *8-13-68*

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47. SIGNATURE OF REGISTRAR: *[Signature]*

48. DATE OF DEATH: *8-13-68*

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50. SIGNATURE OF REGISTRAR: *[Signature]*

51. DATE OF DEATH: *8-13-68*

52. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

53. SIGNATURE OF REGISTRAR: *[Signature]*

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137. SIGNATURE OF REGISTRAR: *[Signature]*

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199. PLACE OF DEATH: *Willamette Nat'l. Cem Portland, Oregon*

200. SIGNATURE OF REGISTRAR: *[Signature]*

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED JUL 05 1995

[Signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

BOOK 151 PAGE 818

59381 OREGON DEPARTMENT OF HUMAN RESOURCES
19. TAG NO. HEALTH DIVISION
01631 Vital Records Unit
91-020650
Last File Number State File Number

1. DECEASED'S NAME Hallen JESSEN		2. SEX Male		3. DATE OF DEATH Month, Day, Year Oct. 23, 1991	
4. SOCIAL SECURITY NUMBER 533-10-3228		5. AGE Last Birthday 83		6. PLACE OF BIRTH (City and State or Foreign Country) San Leandro, CA	
7. U.S. ARMY SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. OCCUPATION Pipefitter		9. PLACE OF DEATH (Street only only) Clackamas	
10. FACILITY NAME of care institution, group home and residence Kaiser Sunnyside Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Clackamas		12. COUNTY OF DEATH Clackamas	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life to get out record) Pipefitter		14. NAME OF SUBSCRIBER Army Corps of Engineers		15. MARRIAGE STATUS Married	
16. RESIDENCE STATE Washington		17. COUNTY Skemania		18. STREET AND NUMBER MP C.O.R. Ryan-Allen Rd.	
19. HOME CITY Stevenson		20. RACE White		21. DECEASED'S EDUCATION 12	
22. MARITAL STATUS Married		23. SPOUSE'S NAME Florence		24. SPOUSE'S OCCUPATION Not available	
25. DECEASED'S MARRIAGE Jacob - Jessen		26. SPOUSE'S MARRIAGE Frederikke - Larson		27. PLACE OF MARRIAGE Wind River Memorial Cemetery Carson, W2.	
28. NAME AND ADDRESS OF FUNERAL HOME K. P. Dierckx 1482		29. NAME, ADDRESS AND ZIP OF FUNERAL HOME GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672		30. DECEASED'S SIGNATURE Mozell A. Simpson	
31. DATE OF DEATH NOV 7 1991		32. DATE OF DEATH NOV 7 1991		33. DATE OF DEATH NOV 7 1991	
34. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		35. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		36. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
37. CAUSE OF DEATH Acute Myocardial Infarction		38. CAUSE OF DEATH Acute Myocardial Infarction		39. CAUSE OF DEATH Acute Myocardial Infarction	
40. ICD-9 CODE 2215		41. ICD-9 CODE 2215		42. ICD-9 CODE 2215	
43. NAME OF PHYSICIAN Billie MD		44. NAME OF PHYSICIAN Billie MD		45. NAME OF PHYSICIAN Billie MD	
46. DATE OF DEATH 10/30/91		47. DATE OF DEATH 10/30/91		48. DATE OF DEATH 10/30/91	
49. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		50. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		51. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
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184. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		185. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		186. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
187. CAUSE OF DEATH Acute Myocardial Infarction		188. CAUSE OF DEATH Acute Myocardial Infarction		189. CAUSE OF DEATH Acute Myocardial Infarction	
190. ICD-9 CODE 2215		191. ICD-9 CODE 2215		192. ICD-9 CODE 2215	
193. NAME OF PHYSICIAN Billie MD		194. NAME OF PHYSICIAN Billie MD		195. NAME OF PHYSICIAN Billie MD	
196. DATE OF DEATH 10/30/91		197. DATE OF DEATH 10/30/91		198. DATE OF DEATH 10/30/91	
199. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		200. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		201. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
202. CAUSE OF DEATH Acute Myocardial Infarction		203. CAUSE OF DEATH Acute Myocardial Infarction		204. CAUSE OF DEATH Acute Myocardial Infarction	
205. ICD-9 CODE 2215		206. ICD-9 CODE 2215		207. ICD-9 CODE 2215	
208. NAME OF PHYSICIAN Billie MD		209. NAME OF PHYSICIAN Billie MD		210. NAME OF PHYSICIAN Billie MD	
211. DATE OF DEATH 10/30/91		212. DATE OF DEATH 10/30/91		213. DATE OF DEATH 10/30/91	
214. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		215. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		216. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
217. CAUSE OF DEATH Acute Myocardial Infarction		218. CAUSE OF DEATH Acute Myocardial Infarction		219. CAUSE OF DEATH Acute Myocardial Infarction	
220. ICD-9 CODE 2215		221. ICD-9 CODE 2215		222. ICD-9 CODE 2215	
223. NAME OF PHYSICIAN Billie MD		224. NAME OF PHYSICIAN Billie MD		225. NAME OF PHYSICIAN Billie MD	
226. DATE OF DEATH 10/30/91		227. DATE OF DEATH 10/30/91		228. DATE OF DEATH 10/30/91	
229. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		230. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		231. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
232. CAUSE OF DEATH Acute Myocardial Infarction		233. CAUSE OF DEATH Acute Myocardial Infarction		234. CAUSE OF DEATH Acute Myocardial Infarction	
235. ICD-9 CODE 2215		236. ICD-9 CODE 2215		237. ICD-9 CODE 2215	
238. NAME OF PHYSICIAN Billie MD		239. NAME OF PHYSICIAN Billie MD		240. NAME OF PHYSICIAN Billie MD	
241. DATE OF DEATH 10/30/91		242. DATE OF DEATH 10/30/91		243. DATE OF DEATH 10/30/91	
244. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		245. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		246. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
247. CAUSE OF DEATH Acute Myocardial Infarction		248. CAUSE OF DEATH Acute Myocardial Infarction		249. CAUSE OF DEATH Acute Myocardial Infarction	
250. ICD-9 CODE 2215		251. ICD-9 CODE 2215		252. ICD-9 CODE 2215	
253. NAME OF PHYSICIAN Billie MD		254. NAME OF PHYSICIAN Billie MD		255. NAME OF PHYSICIAN Billie MD	
256. DATE OF DEATH 10/30/91		257. DATE OF DEATH 10/30/91		258. DATE OF DEATH 10/30/91	
259. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		260. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		261. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
262. CAUSE OF DEATH Acute Myocardial Infarction		263. CAUSE OF DEATH Acute Myocardial Infarction		264. CAUSE OF DEATH Acute Myocardial Infarction	
265. ICD-9 CODE 2215		266. ICD-9 CODE 2215		267. ICD-9 CODE 2215	
268. NAME OF PHYSICIAN Billie MD		269. NAME OF PHYSICIAN Billie MD		270. NAME OF PHYSICIAN Billie MD	
271. DATE OF DEATH 10/30/91		272. DATE OF DEATH 10/30/91		273. DATE OF DEATH 10/30/91	
274. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		275. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		276. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
277. CAUSE OF DEATH Acute Myocardial Infarction		278. CAUSE OF DEATH Acute Myocardial Infarction		279. CAUSE OF DEATH Acute Myocardial Infarction	
280. ICD-9 CODE 2215		281. ICD-9 CODE 2215		282. ICD-9 CODE 2215	
283. NAME OF PHYSICIAN Billie MD		284. NAME OF PHYSICIAN Billie MD		285. NAME OF PHYSICIAN Billie MD	
286. DATE OF DEATH 10/30/91		287. DATE OF DEATH 10/30/91		288. DATE OF DEATH 10/30/91	
289. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		290. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		291. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
292. CAUSE OF DEATH Acute Myocardial Infarction		293. CAUSE OF DEATH Acute Myocardial Infarction		294. CAUSE OF DEATH Acute Myocardial Infarction	
295. ICD-9 CODE 2215		296. ICD-9 CODE 2215		297. ICD-9 CODE 2215	
298. NAME OF PHYSICIAN Billie MD		299. NAME OF PHYSICIAN Billie MD		300. NAME OF PHYSICIAN Billie MD	
301. DATE OF DEATH 10/30/91		302. DATE OF DEATH 10/30/91		303. DATE OF DEATH 10/30/91	
304. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		305. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		306. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
307. CAUSE OF DEATH Acute Myocardial Infarction		308. CAUSE OF DEATH Acute Myocardial Infarction		309. CAUSE OF DEATH Acute Myocardial Infarction	
310. ICD-9 CODE 2215		311. ICD-9 CODE 2215		312. ICD-9 CODE 2215	
313. NAME OF PHYSICIAN Billie MD		314. NAME OF PHYSICIAN Billie MD		315. NAME OF PHYSICIAN Billie MD	
316. DATE OF DEATH 10/30/91		317. DATE OF DEATH 10/30/91		318. DATE OF DEATH 10/30/91	
319. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		320. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		321. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
322. CAUSE OF DEATH Acute Myocardial Infarction		323. CAUSE OF DEATH Acute Myocardial Infarction		324. CAUSE OF DEATH Acute Myocardial Infarction	
325. ICD-9 CODE 2215		326. ICD-9 CODE 2215		327. ICD-9 CODE 2215	
328. NAME OF PHYSICIAN Billie MD		329. NAME OF PHYSICIAN Billie MD		330. NAME OF PHYSICIAN Billie MD	
331. DATE OF DEATH 10/30/91		332. DATE OF DEATH 10/30/91		333. DATE OF DEATH 10/30/91	
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340. ICD-9 CODE 2215		341. ICD-9 CODE 2215		342. ICD-9 CODE 2215	
343. NAME OF PHYSICIAN Billie MD		344. NAME OF PHYSICIAN Billie MD		345. NAME OF PHYSICIAN Billie MD	
346. DATE OF DEATH 10/30/91		347. DATE OF DEATH 10/30/91		348. DATE OF DEATH 10/30/91	
349. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		350. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		351. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
352. CAUSE OF DEATH Acute Myocardial Infarction		353. CAUSE OF DEATH Acute Myocardial Infarction		354. CAUSE OF DEATH Acute Myocardial Infarction	
355. ICD-9 CODE 2215		356. ICD-9 CODE 2215		357. ICD-9 CODE 2215	
358. NAME OF PHYSICIAN Billie MD		359. NAME OF PHYSICIAN Billie MD		360. NAME OF PHYSICIAN Billie MD	
361. DATE OF DEATH 10/30/91		362. DATE OF DEATH 10/30/91		363. DATE OF DEATH 10/30/91	
364. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		365. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		366. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015	
367. CAUSE OF DEATH Acute Myocardial Infarction		368. CAUSE OF DEATH Acute Myocardial Infarction		369. CAUSE OF DEATH Acute Myocardial Infarction	
370. ICD-9 CODE 2215		371. ICD-9 CODE 2215		372. ICD-9 CODE 2215	
373. NAME OF PHYSICIAN Billie MD		374. NAME OF PHYSICIAN Billie MD		375. NAME OF PHYSICIAN Billie MD	
376. DATE OF DEATH 10/30/91		377. DATE OF DEATH 10/30/91		378. DATE OF DEATH 10/30/91	
379. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		380. NAME OF PHYSICIAN Dr. Billie 10180 SE Sunnyside Rd. Clackamas, Oregon 97015		38	

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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LA 148
OR 1987

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LA 148
01621

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

91-020650

Name: Hallen JESSEN		Sex: Male	Date of Death: Oct. 23, 1991
Maiden Name: JESSEN		Age: 83	Date of Birth: Sept. 25, 1908
Address: San Leandro, CA		Place of Birth: Clackamas	
Place of Death: Clackamas			
Medical Facility: Kaiser Sunnyside Medical Center			
Occupation: Pipefitter	Service: Army Corps of Engineers	Marital Status: Married	Spouse: Florence
City: Washington	State: Oregon	County: Stevenson	Address: MP 0.018 Ryan-Allen Rd.
SSN: 55648	Race: White	Height: 5'10"	Weight: 175
Father: Jacob Jensen		Mother: Fredricka Larson	
Spouse: Florence Jessen, Wife		Funeral Home: Garner Funeral Home, Inc.	
Funeral Home: Garner Funeral Home, Inc.		Address: Box 327, White Sulphur Springs, WA 98672	
Cause of Death: Metastatic pancreatic carcinoma			
Date of Death: 10/30/91			
Physician: Dr. Bill 1040 SE Sherman St. Clackamas, Oregon 97015			
ICD-9 Code: 2215			
Signature: [Handwritten Signature]			
Date: 10/30/91			
Address: Dr. Bill 1040 SE Sherman St. Clackamas, Oregon 97015			
Cause of Death: Metastatic pancreatic carcinoma			
Date of Death: 10/30/91			
Physician: Dr. Bill 1040 SE Sherman St. Clackamas, Oregon 97015			
ICD-9 Code: 2215			
Signature: [Handwritten Signature]			
Date: 10/30/91			
Address: Dr. Bill 1040 SE Sherman St. Clackamas, Oregon 97015			

ORIGINAL - VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED

JUL 05 1995

[Handwritten Signature]
EDWARD J. JOHNSON II
STATE REGISTRAR