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FILED FOR RECORD
SKAMANIA CO. WASH
BY Thomas Foley

MAY 1 4 33 PM '97
P Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name THOMAS J. FOLEY, Attorney at Law

Address POB 129

City/State Stevenson WA 98648

Document Title(s): (or transactions contained therein)

1. Death Certificate
2.
3.
4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)

1. LINDA VIOLA DUNHAM
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. GREGORY H. DUNHAM
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots 5 & 6 of MAPLE HILL TRACTS #3 according to the official plat thereof at pg. 144 of Book A of Plats, records of Skamania County.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

3-7-25-B-1700

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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

166122 — LS TAB NO. 01844 — Local File Number — 94-023575 — State File Number

1. DECEDENT'S NAME: Linda Viola DUNHAM
2. SEX: Female
3. DATE OF DEATH: November 9, 1994
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 54
6. BIRTHPLACE (City and State or Foreign Country): Omaha, NE
7. DATE OF BIRTH: September 10, 1940
9. PLACE OF DEATH: Hospital
10. FACILITY NAME: Kaiser Sunnyside Medical Center
11. CITY, TOWN, OR LOCATION OF DEATH: Clackamas
12. COUNTY OF DEATH: Clackamas
13. DECEDENT'S USUAL OCCUPATION: House Keeper
14. KIND OF BUSINESS/INDUSTRY: Resort
15. MARITAL STATUS: Married
16. SPOUSE: Greg Dunham
17. RESIDENCE - STATE: Washington
18. COUNTY: Skamania
19. CITY, TOWN OR LOCATION: Stevenson
20. STREET AND NUMBER: MP .06 View Drive
21. INSIDE CITY LIMITS?
22. ZIP CODE: 98648
23. WAS DECEDENT OF HISPANIC ORIGIN?
24. RACE: White
25. DECEDENT'S EDUCATION: Elementary/Secondary: 12
26. FATHER - NAME: Walter Scheel
27. MOTHER - NAME: Virginia Adams
28. INFORMANT - NAME: Greg Dunham - husband
29. METHOD OF DISPOSITION: Cremation
30. PLACE OF DISPOSITION: Uniservice Crematory
31. LOCATION: Portland, Oregon
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
33. LICENSE NUMBER: 0320
34. NAME, ADDRESS AND ZIP OF FACILITY: Cremation Society of Oregon 11667 SE Stevens Rd. Portland, OR 97266
35. DATE FILED: NOV 18 1994
36. REGISTRAR'S SIGNATURE: Mozelle A Thompson
37. DID MEDICAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? No
38. WAS GIFT MADE? No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

39. TIME OF DEATH: 1700
40. WAS MEDICAL EXAMINER NOTIFIED? No
41. I WILL SIGN AND CERTIFY TO CAUSE(S) OF DEATH
41. DATE SIGNED: 11/14/94

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

42. TIME OF DEATH
43. DATE PRONOUNCED DEAD
44. ON THE BASIS OF INFORMATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSES AND MANNER STATED
45. DATE SIGNED — COUNTY

46. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Dr. Charles Wood, 19500 SE Stark St. Portland, Ore. 97233
47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

48. 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) SEPSIS — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF: (b) Ruptured diverticulum / diverticulitis, — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF: (c) — 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: Diabetes
49. WAS CASE REFERRED?
50. AUTOPSY? No
51. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? No
52. MANNER OF DEATH: Natural
53. DATE OF INJURY
54. TIME OF INJURY
55. INJURY AT WORK? No
56. DESCRIBE HOW INJURY OCCURRED
57. PLACE OF INJURY
58. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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: APR 23 1997

EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE