134308

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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY SKAMANIA COUNTY TITLE

FEB 17 4 38 PM '99
P Lowry
AUDITOR
GARY H. OLSON

Return Address

Name ELIZABETH J. SCHALLER

Address 208 SE 105th AVENUE

City, State, Zip VANCOUVER, WA 98664

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

1. CERTIFICATE OF DEATH
2.
3.
4.

Reference Number(s) of Documents assigned or released:
(on page _____ of documents(s))

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

1. SCHALLER, JOHN
2.
3.
4.
5. Additional names on page _____ of document.

REAL ESTATE EXCISE TAX
20015
FEB 17 1999
PAID Exempt
SKAMANIA COUNTY TREASURER

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

1. SCHALLER, ELIZABETH
2.
3.
4.
5. Additional names on page _____ of document.

Gary H. Martin, Skamania County Assessor
Date 2/17/99 Parcel # 76-003175

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

N/A
Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number

n/a
Additional legal is 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 provided herein.

WASHINGTON STATE COUNTY AUDITOR/RECORDER'S
INDEXING FORM (Cover Sheet)

Form 7265-2

Unofficial Copy

CERTIFICATION OF VITAL RECORD

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269646
I.D. TAG NO.
01622
Local File Number

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

136- State File Number

1. Decedent's Name: John SCHALLER
2. Sex: male
3. Date of Death: September 1, 1998
4. Social Security Number: [redacted]
5a. Age-Last Birthday (Years): 68
6. Birthplace: Portland, OR
7. Date of Birth: [redacted]
8. Was decedent ever in U.S. Armed Forces? [X] Yes
9a. Place of Death: Hospital
9b. Facility Name: Kaiser Sunnyside Hospital
9c. City, Town, or Location of Death: Portland
9d. County of Death: Clackamas
10a. Decedent's Usual Occupation: Industrial Design Engineer
10b. Kind of Business/Industry: Engineering
11. Marital Status: Married
12. Spouse: Elizabeth Kaiser
13a. Residence - State: Oregon
13b. County: Clark
13c. City, Town or Location: Vancouver
13d. Street and Number: 208 SE 105th Ave
13f. Zip Code: 98664
16. Race: White
17. Decedent's Education: Secondary 12, College 2
Father's Name: Arthur Schaller
Mother's Name: Gayno... Higgins
Informant: Elizabeth J. Schaller-Wife
Place of Disposition: Killingsworth Skidmore Crematory
Location: Portland, Oregon
Name and Address of Facility: Skyline Funeral Home, 4101 NW Skyline Blvd, Portland, OR 97229
License Number: 3646
Certifier: Terry Morrow, MD 10180 SE Sunnyside Rd Clackamas, OR 97015
License Number: 11153

Part I. Immediate cause: acute respiratory distress syndrome — Interval: 1 day
Due to: intraabdominal sepsis — Interval: 4 days
Due to: acute cholecystitis — Interval: 4 days
Part II. Other significant conditions: atrial fibrillation (acute)

Gary H. Martin, Skamania County Assessor
Date 2/17/99 Parcel # 96-060 175

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: SEP 10 1998

THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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