

135938

BOOK 192 PAGE 131

FILED
SKAMASIA CO. TITLE

AUG 6 2 41 PM '99

Olson

GARTNER OLSON

AFTER RECORDING MAIL TO:

Name Toni Scandiffio
Address 17790 SW Cheyenne way
City/State Tualatin, OR 97062

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

1. DEATH CERTIFICATE
- 2.
- 3.
- 4.



First American Title Insurance Company

(this space for title company use only)

Reference Number(s) of Documents assigned or released:

Additional numbers on page _____ of document

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

1. PILAND, ALLAN JAMES
- 2.
- 3.
- 4.
5. Additional names on page _____ of document

REAL ESTATE EXCISE TAX

20344

AUG - 6 1999

PAID EXEMPT
V. Scandiffio
SKAMASIA COUNTY TREASURER

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

1. SCANDIFFIO, TONI
- 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)

NORTHWESTERN LAKE CABIN SITE 17

Gary H. Martin, Skamania County Assessor
Date 8-6-99 Parcel # 43-02-0-0-0417
Va

Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 43-10-02-0-0-0417

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

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OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

C 9 9 0 2
1.0 D 9 7 0

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH 130-

1. DECEASED NAME: **Allan James PILLAND**

2. SOCIAL SECURITY NUMBER: **66-1-10-1000**

3. DATE OF DEATH (Month, Day, Year): **February 21, 1992**

4. PLACE OF DEATH (Check one):
 Hospital: **Woodland Park Hospital**
 Home: **Portland**
 Other: **Multnomah**

5. DECEASED'S USUAL OCCUPATION: **Mechanical Engineer**

6. RESIDENCE - STREET: **Washington Klickitat**

7. RESIDENCE - CITY: **White Salmon**

8. RESIDENCE - ZIP CODE: **98672**

9. RACE: **White**

10. MARRIAGE STATUS: **Divorced**

11. DECEASED'S EDUCATION: **High School Graduate**

12. FATHER: **Earl Pilland**

13. MOTHER: **Edna Signe Nordard**

14. DECEASED'S SIGNATURE: *Allan James Pilland*

15. SIGNATURE OF PHYSICIAN: *Curtis Hays*

16. SIGNATURE OF COUNTY REGISTRAR: *Edward J. Johnson*

17. DATE ISSUED: **MAR 02 1992**

18. TIME OF DEATH: **2:00 P.M.**

19. CAUSE OF DEATH: **Respiratory Failure - requiring intubation**

20. MANNER OF DEATH: **Excitation of COPD**

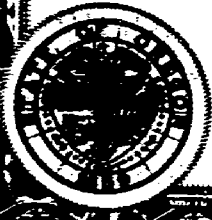
21. UNDERLYING CAUSE: **Chronic Tobacco Abuse**

22. PLACE OF BURIAL: **57th Cemetery for long CA**

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

DATE ISSUED **MAR 02 1992**

Edward J. Johnson
EDWARD J. JOHNSON II
COUNTY REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE