135982

BOOK 192 PAGE 227

RETURN ADDRESS:

Betty Brader
3612 Wind River Rd
Carson, WA 98610

FILED FOR RECORD AT REQUEST OF
Betty Brader
Aug 11 10 32 AM '99
P Lowry
AUDITOR
GARY A. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Brader, Benjamin Alfred
2.
3.
4.
☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)
1. Brader, Betty
2.
3.
4.
☐ Additional Names on Page _____ of Document.

Requested By
Returned
Indexed
Scanned
Mailed

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)
NW4 SW4 Sect. 8 T3N R8EWM

☐ Complete Legal on Page _____ of Document.

REAL ESTATE EXCISE TAX
20353
AUG 11 1999
PAID exempt
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
03-08-07-0-0-0500-00
☐ Property Tax parcel ID is not yet assigned.
03-08-08-0-0-0100-00
☐ Additional Parcel Numbers 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.

Official

CERTIFICATION OF VITAL RECORD

BOOK 192 PAGE 228

228185 (ID Number)
03965 (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: First: Benjamin	Middle: Alfred	Last: BRADER	2. SEX: Male	3. DATE OF DEATH: July 17, 1998	
4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE: 80	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE: Vancouver, WA	7. DATE OF BIRTH: October 4, 1917

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

8a. PLACE OF DEATH: ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other

8b. FACILITY NAME: Providence Medical Center	8c. CITY, TOWN, OR LOCATION OF DEATH: Portland	8d. COUNTY OF DEATH: Multnomah

10a. DECEDENT'S USUAL OCCUPATION: Heavy Equipment	10b. KIND OF BUSINESS/INDUSTRY: Logging/Roads	11. MARITAL STATUS: Married	12. SPOUSE: Betty G. Brader

13a. RESIDENCE - STATE: Washington	13b. COUNTY: Skamania	13c. CITY, TOWN OR LOCATION: Carson	13d. STREET AND NUMBER: 3612 Wind River Road

13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 98610	14. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes	15. RACE: White	16. DECEDENT'S EDUCATION: 12	

17. FATHER - NAME: Henry Brader	18. MOTHER - NAME: Hattie Lusby	19. INFORMANT - NAME and relationship to deceased: Betty Brader, wife	
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION: Win-quatt Crematory	20c. LOCATION - City or Town, State: The Dalles, OR	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. Winick	21a. OREGON LICENSE NO.: 1482 (WA)	22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672	
23. DATE FILED: JUL 28 1998	24. REGISTRAR'S SIGNATURE: Hilda Chaski Adams		

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 8:10 P. M	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	31a. TIME OF DEATH: M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Peter B Fisher	30. DATE SIGNED: 7/21/98	31b. DATE PRONOUNCED DEAD: M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	33. DATE SIGNED	COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Peter B. Fisher, M.D. 5314 NE Irving Portland, OR 97213

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

PART 1 (a) Renal Failure		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b) Vasculitis		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c) Heart surgery		Interval between onset and death

PART 2 OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART 1.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A		

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK? ☐ Yes ☐ No	41d. DESCRIBE HOW INJURY OCCURRED
	41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			41f. LOCATION (Street and Number or R.F.D. Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

Gary H. Martin, Skamania County Assessor
Date 8/11/99 Parcel # 03 08 07 00 0500 00
03 08 08 00 0600 0d

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97

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

DATE ISSUED JUL 28 1998

Hilda Chaski Adams

HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE