137381

BOOK 196 PAGE 616

FILED FOR RECORD AT REQUEST OF
Dolores Currier
FEB 10 10 42 AM '00
P Lavry
AUDITOR
GARY E. OLSON

RETURN ADDRESS:

Dolores C. Currier
P.O. Box 134
North Bonneville, WA
98639

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. ~~William D. Currier~~ Death Cert
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. ~~Dolores C. Currier~~ & Currier, William D.
2.
3.
4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Currier, Dolores C
2.
3.
4.

☐ Additional Names on Page _____ of Document.

REAL ESTATE EXCISE TAX
20653
FEB 10 2000
PAID exempt
W Kenn Deputy
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Vol 55 Pg 280

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02-07-20-3-4-2000-00
☐ Property Tax parcel ID is not yet assigned. 02-07-21-1-2-0401-00
☐ 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.

CERTIFICATION OF VITAL RECORD

BOOK 196 PAGE 617

TYPE OR PRINT IN PERMANENT BLACK INK

303219
ID TAS NO

2008
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: William; Middle: Daniel; Last: CURRIER
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): January 20, 2000
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE (Last Birthday) Years: 70
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Canton, Ohio
7 DATE OF BIRTH (Month, Day, Year): September 7, 1929
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Providence Hood River Memorial Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d COUNTY OF DEATH: Hood River
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired"): Owner/Operator
10b KIND OF BUSINESS/INDUSTRY: Motel
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12 SPOUSE (If Married, Widowed, Divorced): Dolores
13a RESIDENCE - STATE: Washington
13b COUNTY: Skamania
13c CITY, TOWN OR LOCATION: North Bonneville
13d STREET AND NUMBER: 923 East Cascade Drive
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: 98639
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15 RACE (American Indian, Black, White, etc. (Specify)): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17 FATHER - NAME: First: Ralph; Middle: ; Last: Currier
18 MOTHER - NAME: First: Ida; Middle: Mae; Maiden: Rice
19 INFORMANT - NAME and relationship to deceased: Dolores Currier - wife
20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Win-Quatt Crematory
20c LOCATION - City or Town, State: The Dalles, Oregon
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b OREGON LICENSE NO (If Licensee): 3490
22 NAME, ADDRESS AND ZIP OF FACILITY: Anderson Funeral Home, 1401 Belmont Hood River, OR 97031
23 DATE RECEIVED BY REGISTRAR (Month, Day, Year): January 24, 2000
24 REGISTRAR'S SIGNATURE: Dorothy A. O'Dell

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 9:42 A M
28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): JR Sjoblom MD
30 DATE SIGNED (Month, Day, Year): 1-21-00

TO BE COMPLETED ONLY BY MEDICAL EXAMINER:

31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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 (Month, Day, Year): COUNTY

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER OTHER THAN ATTENDING PHYSICIAN OR MEDICAL EXAMINER (Type or Print): Janet Sjoblom, M.D. 1790 May Street Hood River, Oregon 97031
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36 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) DUE TO OR AS A CONSEQUENCE OF: Respiratory failure, end stage COPD. — Interval between onset and death: 3yrs.
(b) DUE TO OR AS A CONSEQUENCE OF: — Interval between onset and death:
(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
37 Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ Unknown
38 AUTOPSY: ☐ Yes ☒ No
39 If YES were findings considered in determining cause of death? ☐ Yes ☐ No

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY: M
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 Rural Route Number, City or Town, State)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF CERTIFICATE

RESERVED FOR REGISTRAR'S USE

Gary H. Martin, Skamania County Assessor
Date 2-10-00 Parcel # 02 07 20 34 2000 00
02 07 21 12 0401 00

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: HOOD RIVER JAN 25 2000 COUNTY OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE