138487

BOOK 200 PAGE 458

RETURN ADDRESS:

Mara Reynolds
PO Box 62
Stevenson WA 98648

Mara Reynolds
Jun 29 11 09 AM '00
P Lowry
CLERK, SKAMANIA COUNTY

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. Cepuritis, Elza
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

1. Reynolds, Mara
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

The West 12½ feet of Lot 1 & all of Lots 2 & 3 Block 4 Johnson's Addition to the Town of Stevenson Recorded in Book A of Plats at Page 25

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Gary H. Martin, Skamania County Assessor
Date 6-29-00 Parcel # 3-7-36-3-4-6800

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-7-36-3-4-6800

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers on Page _____ of Document.

REAL ESTATE EXCISE TAX
20918
JUN 29 2000
PAID
SKAMANIA COUNTY TREASURER

The Auditor/Recorder will rely on the information provided on the [illegible] the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

BOOK 200 PAGE 459

283426
LD. TAG NO.
03986
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: Elza; Middle: -; Last: CEPURITIS				2. SEX: F	3. DATE OF DEATH (Month, Day, Year): August 2, 1999
4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE-Last Birthday (Years): 88	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Latvia	7. DATE OF BIRTH (Month, Day, Year): June 5, 1911

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

8a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9a. FACILITY NAME (If not institution, give street and number): Legacy Emanuel Hospital	9c. CITY, TOWN, OR LOCATION OF DEATH: Portland	9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS/INDUSTRY: Farming	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed, or Divorced): Gustavs Cepuritis		
13a. RESIDENCE - STATE: Washington	13b. COUNTY: Skamania	13c. CITY, TOWN OR LOCATION: Stevenson
13d. STREET AND NUMBER: 451 Vancouver Ave.		
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 98648	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes (Specify)
15. RACE - American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 1; College (1-4 or 5+):	
17. FATHER - NAME First, Middle, Last: Andzs - Berzins	18. MOTHER - NAME First, Middle, Maiden: Zenija - Jostins	19. INFORMANT - NAME and relationship to deceased: Mara Reynolds-Daughter
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Stevenson Cemetery	20c. LOCATION - City or Town, State: Stevenson, Washington
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. OREGON LICENSE NO. (Or License): 1961 (WA)	22. NAME, ADDRESS AND ZIP OF FACILITY: Gardner Funeral Home, POB 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): AUG 10 1999	24. REGISTRAR'S SIGNATURE: [signature]	

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5120 P 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): [signature]	30. DATE SIGNED (Month, Day, Year): 8/6/99
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 CERTIFYING MEDICAL EXAMINER (Type or Print): Daniel Gilden, M.D. 2801 N. Gatenbein Portland, OR 97227

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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATED ON LINE (a). ENTER THE UNDERLYING CAUSE LAST.

PART I (a) Infected Kidney		Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF: (b) Atrial Fibrillation		Interval between onset and death: years
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.	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 (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)		

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1087

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

DATE ISSUED: AUG 11 1999

Lila Wickham RN, MS
LILA WICKHAM RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854