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BOOK 205 PAGE 998

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JAN 23 2 29 PM '01
O'Lowry
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Name Marion Faye Quinn

Address 5445 Arrowwood Lane

City/State Portland OR 97225

23658

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

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company
(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. Quinn, Frank Ge / dn
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
21320
JAN 23 2001
PAID _____
SKAMANIA COUNTY TREASURER
By _____ Deputy

Grantee(s): (Last name first, then first name and initials)
1. Quinn, Marian F.
2.
3.
4.
5. ☐ Additional names on page _____ of document

Gary H. Martin, Skamania County Assessor
Date 01/23/01 Parcel # 96-000162

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lot 162 Northwoods

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 96-000162

WA-1

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

After Recording Return to BOOK 205 PAGE 999
MaRan F. Quinn 5445 Arrowwood Lane Portland OR 97225

TYPE OR PRINT IN PERMANENT BLACK INK

314419 ID. TAG NO.
1643 Local File Number

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Frank; Middle: Yelton; Last: QUINN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 15, 2000
4. SOCIAL SECURITY NUMBER: 542-32-7854
5a. AGE-Last Birthday (Years): 71
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): El Paso, Texas
7. DATE OF BIRTH (Month, Day, Year): May 2, 1929
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): St. Vincent Hospital
9b. CITY, TOWN, OR LOCATION OF DEATH: Portland
9c. COUNTY OF DEATH: Washington
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: Refrigeration Repair & Installation
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced, (Specify)): Married
12. SPOUSE (If Married, Widowed, Divorced): Fay Quinn
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Washington
13c. CITY, TOWN OR LOCATION: Portland
13d. STREET AND NUMBER: 5445 SW Arrow Wood Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97225
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 to 12): 12; College (1 to 4 or 5+):

PARENTS

17. FATHER - NAME: First: Donald R.; Middle: ; Last: Quinn
18. MOTHER - NAME: First: Ruth; Middle: ; Maiden: Yelton

INFORMANT

19. INFORMANT - NAME AND MAILING ADDRESS: Fay Quinn - Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Oregon Crematory
20c. LOCATION - City or Town, State: Portland, Oregon

21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: John C. Yu
21b. OREGON LICENSE NO. (Of Licensee): 3579
22. NAME, ADDRESS AND ZIP OF FACILITY: FINLEY SUNSET HILLS MORTUARY 6801 SW Sunset Hwy. Portland OR 97225
23. DATE FILED (Month, Day, Year): AUG 25 2000
24. REGISTRAR'S SIGNATURE: Jeff Pitcher
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:30 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): Bruce W. Dan
30. DATE SIGNED (Month, Day, Year): 8/22/2000
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Bruce W. Dan MD 5050 NE Hoyt #256 Portland, Oregon 97213
32. 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

33. 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: M.A. Pigment Lymphoma — Interval between onset and death: 2 MO
(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: Renal carcinoma. Chronic lymphocytic leukemia
34. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
35a. DATE OF INJURY (Month, Day, Year):
35b. TIME OF INJURY:
35c. INJURY AT WORK? ☐ Yes ☐ No
35d. DESCRIBE HOW INJURY OCCURRED:
35e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
35f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
36. DID TOBACCO USE CONTRIBUTE TO THE DEATH? ☐ Yes ☐ Probably ☐ Unknown
37. AUTOPSY? ☐ Yes ☒ No
38. IF YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N.A.

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

39a. TIME OF DEATH:
39b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
40. 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):
41. DATE SIGNED (Month, Day, Year):
COUNTY

ORIGINAL-VITAL STATISTICS COPY

45.2 Rev. 5/97

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

DATE ISSUED: AUG 28 2000

Jeanne F. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

DEPT. OF PUBLIC HEALTH WASHINGTON COUNTY OREGON