140783

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FILED FOR RECORD
SKAMANIA CO. WASH
BY Barbara Schwab

APR 10 3 55 PM '01
Q Lawry
AUDITOR
GARY H. OLSON

RETURN ADDRESS:

Angela Morrill
18200 73rd Ave NE #A-312
Kenmore, WA 98028

*Please Print or Type Information.*

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

1. Death Certificate
2.
3.
4.

REAL ESTATE EXCISE TAX
21463
APR 10 2001
PAID exempt
Jeanne DeMott
SKAMANIA COUNTY TREASURER

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

1. Green, Hazel Irene (deceased)
2.
3.
4.

☐ Additional Names on Page _____ of Document.

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

1. Green, Robert James et al
2. Green, Delbert Dean et al
3. Patterson, Ruth Marilyn et al
4. Green, Thomas Duane et al
Green, Glen LeRoy et al

Schwab, Barbara Jean et al

☐ Additional Names on Page _____ of Document.

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

W 1/2 of the NW 1/4 of the SW 1/4 of Sec. 11, Twn 3 N, Range 9E WM

☐ Complete Legal on Page _____ of Document.

life Estate only

**REFERENCE NUMBER(S) Of Document assigned or released:**

☐ Additional Numbers on Page _____ of Document.

**ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER**

☐ Property Tax parcel ID is not yet assigned.
03-09-11-300400-00
☐ Additional Parcel Numbers on Page _____ of Document.
03-09-11-300400-89

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

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TYPE OR PRINT IN PERMANENT BLACK INK

180798
I.D. TAG NO.

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

Local File Number

136-

State File Number

**DECEDENT**

1. DECEDENT'S NAME: First: Hazel; Middle: Irene; Last: GREEN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 12, 1996
4. SOCIAL SECURITY NUMBER: 533-46-9085
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): Gravity, IA
7. DATE OF BIRTH (Month, Day, Year): August 27, 1908
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): Hood River Care Center
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): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): James C. Green
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Hood River
13c. CITY, TOWN OR LOCATION: Hood River
13d. STREET AND NUMBER: 729 Henderson Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97031
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): 8; College (1-4 or 5+):

**PARENTS**

17. FATHER - NAME first middle last: Nathan - Sexton
18. MOTHER - NAME first middle maiden: Elsie - Laird
19. INFORMANT - NAME and relationship to deceased: James C. Green, Husband

**DISPOSITION**

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Chris Zada Cemetery
20c. LOCATION - City or Town, State: Underwood, WA

**REGISTRAR**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. Winicke
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): October 16, 1996
24. REGISTRAR'S SIGNATURE: Dorothy A O'Dell
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

**CERTIFIER**

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0320 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): G Regalbuto
30. DATE SIGNED (Month, Day, Year): Oct. 15, 1996

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/MEDICAL EXAMINER (Type or Print): Gary Regalbuto, M.D. 1410 May Street Hood River, OR 97031
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

**CAUSE OF DEATH**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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. Interval between onset and death:

PART I
(a) Unknown Natural Causes
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Dementia, Alzheimer's Type

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 2/96

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 OCT 16 1996 COUNTY OREGON

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

STATE OF OREGON 1903

HOOD RIVER COUNTY STATE OF OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE